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ABSTRACT

Testimonies regarding readjustment counseling programs for Vietnam Veterans, held by the Subcommittee on Hospitals and Health Care of the House of Representatives Committee on Veterans' Affairs, are presented. Views on the way which vet centers are being used, the effectiveness of the centers, and ways in which the service provision of the centers can be improved are presented by representatives of a VA Medical Center, various Vet Centers, veterans associations, and individuals. Stephen B. Levenberg suggests that (1) the Vet Center program use a novel concept in mental health treatment by using trained survivors of a trauma to treat other victims of the same trauma, and (2) that the diagnostic entity of post-traumatic stress disorder did not exist until 1980. Wyche Fowler notes that a large part of the suffering of Vietnam veterans is not only from war experiences but also from the lack of reception they received when they came home. Harry Doughty notes some symptoms that occurred in Vietnam veterans, including the inability to conform to stateside duty, a lack of respect for superiors, marital problems, alcohol and drug abuse, and feelings of isolation. He suggests that not recognizing the Vietnam experience and its impact on the youthful soldiers resulted in alienation among some veterans. However, the Vet Centers have provided veterans with a sense of caring about them as individuals. He suggests that Vet Centers should remain autonomous and outside the VA medical centers. Joseph Gelsomino suggests that in addition to readjustment counseling for the Vietnam veterans, community sensitization to the plight of the veterans had been a part of the whole process. Additional testimonies are presented. (SW)

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READJUSTMENT COUNSELING PROGRAMS FOR VIETNAM VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

JUNE 15, 1981

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CONTENTS

JUNE 15, 1981

Page

Readjustment Counseling Program for Vietnam Era Veterans 1

STATEMENTS BY COMMITTEE MEMBERS

Chairman Tom Daschle 1

WITNESSES

Levenberg, Dr. Stephen B., regional coordinator, region III 2
Fowler, Hon. Wyche, a Representative in Congress from the State of Georgia .. 6
Musser, Dr. A Wendell, chief of staff, VA Medical Center, Atlanta, Ga 8
Prepared statement of Dr. Musser 57
Doughty, Harry, team leader, Vet Center, New Orleans, La 14
Gelsomino, Joseph, team leader, Vet Center, St. Petersburg, Fla 18
Lewis, David, team leader, Vet Center, Atlanta, Ga 22
Prepared statement of Mr. Lewis 58
Haag, Gregory J., director, VA Medical Center, New Orleans, La 29
Prepared statement of Mr. Haag 60
Anthony, David, Vietnam veteran 32
Roux, Lindsay, Georgia Association of Vietman Era Veterans 34
Stamey, Donna, wife, Vietnam combat veteran 36
Williams, Demory, Vietnam veteran 38
Chappell, Willie, team technician, Vet Center, Atlanta, Ga 44
Otto, George, team technician, Atlanta, Ga 47
McManus, Jervis, team technician, Atlanta, Ga 48

MATERIAL SUBMITTED FOR THE RECORD

Statement:
Arnold, Arthur L., M.D. Chief of Psychiatry Service, VA Medical Center, Bay Pines, Fla 20
Wheeler, Pete, commissioner, Georgia Department of Veterans Service 62

READJUSTMENT COUNSELING PROGRAM FOR VIETNAM-ERA VETERANS

MONDAY, JUNE 15, 1981

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:30 a.m., in the Richard Russell Federal Building, Strom Auditorium, Atlanta, Ga., the Honorable Thomas A. Daschle, presiding.

OPENING STATEMENT OF CHAIRMAN DASCHLE

Mr. DASCHLE. This hearing will come to order.

I want to thank all of you for coming this morning. This is the third in a series of hearings that we are having as part of our record building on the Subcommittee of Hospitals and Health Care of the Committee on Veterans' Affairs of the House of Representatives to get from those people most affected by the outreach centers, those people who have used those centers, those people who have worked in those centers to come before our committee to present in as concise a way as possible those reasons why perhaps the centers ought to be extended.

The first hearing was held in Washington about 2 months ago. The second about a month ago in Sioux Falls and this will be the climax of that effort. The House of Representatives has already passed legislation which extends the readjustment counseling program for Vietnam veterans. H.R. 3499 passed in the House of Representatives on June 2, 1981, and is now pending before the Senate. This legislation extends the veterans outreach centers for an additional 3 years. At the same time, it provides those outreach centers with the ability to provide additional services and job training and additional centers throughout the country.

Finally, H.R. 3499 provides for the first time, health care for those who may have been affected by exposure to agent orange. It expands the epidemiological study and, for the first time, gives those Vietnam veterans some hope that the Veterans' Committee and Congress are finally listening to their petitions, asking for some kind of treatment and service for the afflictions that they are suffering.

Today we have a vast array of witnesses, people who have had a great deal of expertise in the area of the outreach centers. We are delighted that the witnesses are here. I think it benefits the committee that they have taken time to present in as technical and comprehensive a fashion the testimony that will be presented today. I have had the opportunity to read most of their testimony

prior to this hearing and I am most impressed by what they are about to say.

The chairman of the subcommittee, the Honorable Ronald Mottl, has expressed his regrets in not being here to chair the hearings himself. He has been detained on other business. A number of other members expressed an interest in reading the testimony as soon as we get back to Washington.

I would say that most importantly, this testimony and this hearing will be used for two purposes:

First of all, to present to the Senate, which this week will be considering the extension of the outreach centers—information that is stated today.

And second, to present a long-term record, an ongoing record, the pulse if you will, of the way in which these centers are being used, the effectiveness of the centers, and ways in which we can improve upon the way the centers are providing service. So it is an important hearing in that regard. I am hoping that as we go through the next couple of years we will again take the pulse and find out from other parts of the country the worth and the impact that these centers are having.

So, at this time, I would like to begin our hearing by calling forth our first panel of witnesses, Mr. Gregory Haag, Director of the VA medical center in New Orleans; Dr. Wendell Musser, Chief of Staff, VA Medical Center, Atlanta; and Dr. Stephen B. Levenberg, Regional Coordinator, region III. I am told Mr. Haag has not arrived yet. We will proceed in his absence and certainly allow him to testify whenever his plane does arrive.

Dr. Levenberg, you are on the left. We invite your testimony at this time. Present it in any way you see fit. You should notice that the entire text of your statement will be inserted in the official hearing record.

STATEMENT OF DR. STEPHEN B. LEVENBERG, REGIONAL COORDINATOR, REGION III

Dr. LEVENBERG. Thank you. I think I would just like to read my statement and answer any questions you have.

Thank you for inviting me here to testify regarding the continuation of the readjustment counseling program for Vietnam era veterans. Let me tell you first about myself. I am a licensed clinical psychologist. I served in the Army for 3 years, 1 of which was at a field hospital in northeast Thailand, which entailed infrequent duty in and around South Vietnam. Prior to assuming duties in 1979 as the vet center regional coordinator for the Southeastern United States, I was chief of the psychology service at the VA medical center in Birmingham, Ala. and assistant professor in the department of psychiatry at the University of Alabama in Birmingham Medical Center.

During my 4½ years there, I had an opportunity to witness firsthand the absence of Vietnam combat veterans from mental health treatment programs. My clinical duties in Birmingham were with the VA day hospital program, a relatively progressive crisis intervention oriented program where one might expect younger, Vietnam-era veterans to feel more at home. I saw no more than three Vietnam combat veterans during my entire 4½ years in

this setting. This represented less than 1 percent of the total number of veteran patients I treated.

I served in the Army for 3 years, and by the way, I was the only veteran on the staff. There are many reasons why Vietnam combat veterans do not avail themselves to treatment within the VA mental health system. The first is the VA's early insensitivity to the problems of Vietnam veterans. I know of no training programs or educational workshops offered through the Veterans' Administration regarding Vietnam veterans.

Second, mental health professionals have not been trained in diagnosis and treatment of post-traumatic stress disorder, the most frequent diagnosis of the Vietnam combat veteran who comes to the vet center. This diagnostic entity did not exist until 1980 when the American Psychiatric Association included it for the first time as an official diagnosis in its new diagnostic and statistical manual.

Third, part of the diagnostic picture in Vietnam combat veterans is a basic fear and mistrust of governmental institutions and bureaucracies in general. The suffering Vietnam combat veteran views the Veterans' Administration as one cog of a large wheel which represented part of the very reasons why he is full of rage and despair.

The implementation of the vet center program in late 1979 represented the beginning of a novel concept in mental health treatment. For the first time, appropriately trained survivors of a trauma were recruited and hired as core staff to treat other victims of the same trauma. This peer therapy model is the essence of the vet center program and represents the essential contrast between traditional mental health delivery systems and the advocacy-based, community-oriented vet center operation.

As regional coordinator for the Southeast, I am responsible for the clinical and programmatic functioning of 12 vet centers. Having visited each more than once, it is clear to me that the autonomy of the program is what makes it work. I see the current threat to the program as the continuing pressure from within the VA to bring the centers more under the direct control of the individual parent hospital facilities. Sir, any such move will dissolve the credibility of our program with the Vietnam combat veteran and will eradicate our advocacy model of treatment which is so crucial to our success.

In closing, I invite you to visit the Atlanta vet center while you are in Atlanta and to listen to the testimony of the vet center staff, clients, parent VA facility personnel, and other interested individuals and groups here today. I am quite proud of all the vet centers in the Southeast and will be glad to answer any questions you might have.

Again, thank you for your invitation.

Mr. DASCHLE. Thank you for an excellent statement.

I am going to break from the norm already at this early time in the hearing because I want to address some questions to you immediately.

Why, to begin with, is it that after 12 years, recognizing the difficulty and psychological stress, post-traumatic stress disorders, why has it taken this long, from your point of view, to deal with it in any kind of a clinical way?

Dr. LEVENBERG. As my statement said, first and foremost, the VA cannot be faulted for failing in the sense that the diagnostic entity of post-traumatic stress disorder did not exist until 1980. I graduated from an approved doctoral training program in clinical psychology in 1974——

Mr. DASCHLE. Excuse me. Are you saying that it has never been recognized?

Dr. LEVENBERG. It has never been recognized by the official standard keepers, the American Psychiatric Association, until 1980 in their new diagnostic manual. Therefore, I had no training in it. Of the three combat veterans that I did treat in Birmingham, I am not sure I did much to help any three of them because I had no training at that time.

Mr. DASCHLE. There is an accepted training procedure now that clinical psychologists must go through to treat these people, or are we still in an infantile stage?

Dr. LEVENBERG. I think we are still in an infantile stage. The leaders in the field are just in the process of collating and beginning to publish their materials. John Wilson's project, Tom William's book out of the DAV office in Denver, are really just the beginnings of all the collation of the data which should then result in an effective training model.

Really, the only training model that has existed historically is the rape crisis center training model where, as you may know, over the last few years around the country community-based rape crisis organizations trained basically survivors of the rape and advocates of rape victims to represent those victims psychologically and legally. I believe our model is essentially drawn from that model.

Mr. DASCHLE. Let me ask you something. Are we at a stage now where we can expect to heal veterans who have suffered post-tramatic stress disorders? We heal their bodies. Can we heal their minds?

Dr. LEVENBERG. I believe we can, as long as we retain the essential advocacy model of treatment.

Mr. DASCHLE. So what you are saying is that if we go back to the white rooms in the big VA hospitals that we will lose the ability on the part of psychologists to deal with post-tramatic stress disorders?

Dr. LEVENBERG. Yes sir. I don't believe we can continue that essential advocacy model from within the large institutional framework. I don't believe that has been possible historically in any large institution.

Mr. DASCHLE. Give me, if you will, a couple of examples of veterans who may have come in who could not have envisioned coming into a hospital itself, and why would they not come in? And tell me what has happened with those people now that they have come in?

Dr. LEVENBERG. You will meet three of them later in this hearing who are testifying, and the wife of one. So I will try not to focus on those cases. But another case who is not here today is a fellow who is a Vietnam combat veteran who has continued to have physical and psychological pain from a gunshot wound. He worked as a carpenter, and held his job fairly well. He has remained very isolated since the war, smokes marihuana daily which

was pretty much his only symptom of delayed stress, and remained very isolated from the world at large.

He was arrested for assaulting a VA physician last year at the facility here in Decatur. That was his only real interaction with the VA. He is service connected for his gunshot wounds. Through the vet center he came in, began to deal with Vietnam and the pain that he has experienced from the trauma that he personally was involved in in Vietnam which involved what a traditional person would call an atrocity, what those of us in Vietnam called survival, and has begun to deal with that psychologically to the point where he has been able to cry about it, has been able to relive the experience in a therapeutic manner and to redirect his range into a self-improvement program which has resulted now in him giving up his marihauna—I might add with the very sensitive support of Dr. Musser's staff in this regard, who helped us grease the skids, if you will, to have this veteran seen at the VA.

He is working. He was hired by another Vietnam veteran here in Atlanta who we had previously treated. He is functioning, he is paying taxes, he is dealing with his drugs. He can feel love again. He can feel positive emotions and express them. He is not fearful, as many Vietnam veterans are, of losing people that he cares about. He is beginning to feel a life again and the man has a future.

This is a man who has known of VA services since the war. He is service connected. He has been involved in the orthopedic clinic since the war. The man's psychological needs simply could not be met at that institution. It had to have been an advocacy peer based model where he could come in and talk to other Vietnam veterans who he could trust and could talk to—who he felt as though he could identify with personally.

Mr. DASCHLE. I guess the final question one asks is really what I have been leading up to. I see on your statement on page 3 that the current threat to the program appears to be a continuing pressure from within the VA to bring the centers more under direct control of the individual parent hospital facilities. Obviously the logical extension of that would be ultimately the perhaps dissolution of the outreach center itself, the storefront, into the hospitals as we have known them.

How is that pressure being obviated? Is it being obviated?

Dr. LEVENBERG. I believe the administrative hierarchy in our program, the existence of my position in which my supervisor is Dr. Crawford, the director of the program in Washington, rather than the individual, for example, here, chief of psychology or chief of staff, is essential to preserving that autonomy. That, I believe, has been our strength in obviating this pressure. The pressure has not been particularly isolated. I think it is a pervasive feeling from within the structure of the VA, the program will eventually come within the VA's family, so to speak, of traditional mental health programs. The autonomy of our administrative structure, the existence of my position, I believe, is what has been successful at focusing against the pressure.

Mr. DASCHLE. Let me ask you one parting question I meant to ask earlier. Do you have, in your opinion, adequate funding to conduct the operation successfully now?

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Dr. LEVENBERG. We had that until January 21 when our money appropriated by Congress was impounded by the new administration. I understand, as of last week, that money has been restored and with that money, plus the money your committee is recommending for next year, we have more than ample funding; yes, sir.

Mr. DASCHLE. We have our first witness here at this time.

Dr. Musser, if you will forgive me, I am going to call him up. You are welcome to stay just as you are.

Congressman Wyche Fowler is here. He needs no introduction to people of this area. He is the Congressman from the fifth district of Georgia.

He's been a very eloquent spokesman on behalf of the vet centers and veterans' issues in general.

Congressman Fowler, we are delighted to have you at this hearing.

STATEMENT OF HON. WYCHE FOWLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Mr. FOWLER. Thank you.

Mr. DASCHLE. You are free to proceed in any way you see fit. Thanks for taking some of your time today and coming before the committee.

Mr. FOWLER. Well, I say to my colleague from South Dakota and chairman of the subcommittee that I not only appreciate the opportunity, but I appreciate, on behalf of all of us here in Atlanta, that your committee has chosen Atlanta to highlight the incredible work that the veterans' centers are doing.

I know we have had calls from all over the country to have these kinds of oversight hearings. We are just very pleased that you picked Atlanta as one of your spots.

I am glad that I could get a little relief from tax restructure for a day to be with you this morning. I do have statement, but let me be very brief, if I may.

Mr. DASCHLE. Please proceed.

Mr. FOWLER. I don't want to take any unnecessary time from those who have come here to testify. As we all know, and we are very pleased the Congress has recently voted to extend this program through September of 1984.

I supported the extension of this program without hesitation simply because of the incredible need for the men and women who served our country in Vietnam.

Our Nation is struggling today to revitalize our troubled national economy. As a result, those of us in the Congress are being called upon to make some very difficult decisions on budget cuts.

Because of that climate of national austerity, it really does give me pleasure to be able to report to my constituents and through this committee that this is one program that has demonstrated such need and such necessity that it will not feel the painful cut of our budgetary knife.

I really do believe that it has been extended because of the feeling of my colleagues, recognizing two things:

This is a program that is working, and that this program is at least a partial answer to the very serious psychological needs of our Vietnam veterans.

The needs of these veterans and their families have gone ignored for far too long. In my view, it is our responsibility as a Nation to do everything that we can to remedy this injustice.

Mr. Chairman, the vet center program is, in fact, one of our most cost-effective new initiatives to provide this long-neglected segment of our veteran population with a variety of needed services.

Those who staff the centers, many of whom are themselves Vietnam veterans, have a unique insight into the problems faced by those who served in the Vietnam conflict.

The centers have proved particularly effective in providing emotional and psychological support to those who came home from the war with no bands playing and who have encountered ignorance and prejudice because of their role in this unpopular war.

Again, I want to thank my colleague, Tom Daschle, for arranging this hearing today and inviting me to take part. As a citizen, as a veteran, and as a Member of the U.S. Congress, I am extraordinarily pleased that we have recognized what has to be done and what can be done in a vital area for those who have been asked to sacrifice and who have made such sacrifices.

Thank you very much.

Mr. DASCHLE. Thank you. I want to ask you a couple of things. First of all, have you personally had some experience with Vietnam veterans who have expressed their interest in the centers or even informed you of the fact that they may have used the centers at some time?

Mr. FOWLER. Absolutely.

Mr. DASCHLE. What have they said?

Mr. FOWLER. Most of these are human problems, quite aside from policy questions, which come into our district offices.

These are people with genuine needs, people with genuine difficulties, quite aside from what policy we are about at any given time in the Congress. In this area, we have had our share of those who are returned from the war looking for work, looking for help, and some with very esoteric psychological difficulties.

The large part are suffering not only from their war experiences, but from the reception, or accurately, the lack of reception that they got, when they came home.

I have found them not looking for a handout.

Things have changed in our country and changed in their lives as a result of not only their experience in Vietnam, but our Nation's experience in that war.

This is difficult—it doesn't fit int(any neat little panel. There is no prepackaged program that can magically erase from someone's mind the experience they have had on behalf of our country in times of war.

The doctors and the people can speak to that far more compellingly than can I, but there is simply no question that the need is there, and that we see it monthly, and that is, as I said, at least a step in that direction.

Mr. DASCHLE. Let me ask you the last question, and that is you are as involved in the budget process as anybody on the Hill. You are considered an expert.

Why, in your opinion, would we have a right to advocate the need for spending $28 million when we are cutting back in so many

other areas, social programs, business-related incentives and programs, loan programs across the board, but we are advocating the expenditure of money for this particular program?

How, as one so expert in budget matters as you, do you tell your constituents about the need for this program?

Mr. FOWLER. I think we would agree that, though it is difficult, that there are some things that simply cannot be described in simple statistics and fiscal terms.

What we ought to be about in this country is looking at the human needs and the human problems that only Government in some sort of participation with the private sector can address.

There are some societal costs that do not go away. If you don't spend money to help people who have some health difficulties, if you don't spend money to train people who are looking for more skills, if you don't spend money for daycare centers so that parents with small children who want to work but cannot work unless they have a place for their children, you are going to spend that money at the other end, in more hospitals and more jails and more crime if people don't have jobs.

I know it is difficult whenever we get into this; where do we cut, and what do we cut. But especially when you are talking about those people, in the full bloom of their lives, that are asked to bear the major responsibility of our country, providing for our national security and common defense, and manning our armed services, I think this is a very small thing to ask, very small expenditures when you look at the overall size of our budget, and one, as you know and I know, where there has been a demonstrated compelling need, which I am very pleased that the Congress is addressing.

Mr. DASCHLE. That is an excellent answer. Thank you very much, Congressman, for coming this morning.

Mr. FOWLER. Thank you, Mr. Chairman. I will tell the rest of the boys you are on your way back.

Mr. DASCHLE. OK.

Mr. FOWLER. Thank you.

Mr. DASCHLE. With Dr. Musser's indulgence, I certainly want to thank you for allowing us that testimony.

Dr. Musser is chief of staff of the VA medical center in Atlanta, Ga., one who's already been before the Veterans' Committee in the past.

Welcome back. We are delighted to take your testimony in any way you see fit.

STATEMENT OF A. WENDELL MUSSER, CHIEF OF STAFF, VA MEDICAL CENTER, ATLANTA, GA.

Dr. MUSSER. I thank you very much, Congressman. I have submitted a statement for the record, and I will not read that since it is available for the record.

[The prepared statement of Dr. Musser appears on p. 57.]

Dr. MUSSER. I would like to summarize some comments and concerns about the program and the future.

Let me begin by saying I am exceptionally proud of the veteran center in Atlanta. It has an excellent staff. The director is a man who knows his work.

And I am pleased each time I visit it, and I visit it often, maybe more often than some would like.

But let me point out something that I think we sometimes overlook. The Veterans' Administration, that very fascinating part of the social history of this country, has a long history and tradition in outreach programs.

And I think outreach activities are one of the very fruitful and much needed parts of the veterans' center function.

As an individual who has been involved in quality assurances programs within medical schools and Government agencies, I look upon quality assurance as a crucial maneuver in all activities aimed at meeting the needs of the veteran.

Quality assurance is necessary for all parts of the Veterans' Administration. The veteran centers to me are a part of the Department of Medicine and Surgery, and must not lose credibility, nor opportunity for accountability.

We must insure that we have properly and efficiently and cost-effectively distributed the taxpayers' dollars in any program, especially in these modern days of 1980's and beyond.

Since I believe in the medical model and am the chief of staff, I am legally, morally, and ethically bound to protect and support the medical model. I am against any activity operating in splendid isolation. And that is not to say that some isolation has occurred and may have been valuable. In some settings that isolation may have been needed. But there can be an overlap between some isolation and selected involvement a superstructure that will be responsive to those needs of the medical model and needs of accountability to the taxpayer. And I submit that the two are not mutually exclusive. I think they are perfectly compatible. They are interactions between professionals of different backgrounds and persuasions toward one common goal.

Basically, the disorders that we are facing in the Vietnam veteran are different, are terribly complex, and are psychological enigmas at their best. Traumatic stress as such goes back to the days of the ancients. If you were watching Alexander the Great on the educational television here a few weeks ago, the portrayal of Alexander the Great was a classic example of traumatic stress and all of its psychological interactions. We don't know very much about the syndrome in the Vietnam veterans. We have been seeing different forms of traumatic stress ever since there have been wars. But the Vietnam veteran is returning with something that is a little different. We need all of the efforts of all people, psychologists, psychiatrists, social workers, whatever. I have great fear, about isolation of their potential patients that might be detrimental to the needs and care of the veteran, if not catastrophic. So my simple approach is this. And this is what we do in Atlanta. Dave Lewis, sitting down here in the third row, visits the hospital often. He visits me. I visit him. We have an open communication, backwards and forwards. The members of the staff fully realize that any time they want to call us, they can. Any time they have need, professional need for a veteran with a complicated problem, they know to call the hospital.

Any program of this sort—I guess it is a kind of trite thing—should eventually, somewhere in the future, work itself out of

business. That is going to be a while in the future. I am especially pleased that the House saw fit to pass the 3-year bill. I understand the Senate is for 2 years. Maybe that will change before it comes to a vote. But be that as it may, I am glad we are breathing new life's blood, and we can carry on with our work in the veteran centers. Thank you, Congressman.

Mr. DASCHLE. Thank you, Dr. Musser. Before I ask you some questions pertaining to your testimony, which I want to commend you for, you are probably as close to, in fact, you are the top-level VA official to testify at this particular hearing.

And since this has come up between the two hearings, maybe you might clarify it. In a letter dated May 28 to those veterans in California who were going through a hunger strike, there is a paragraph on page 2 that says, "The President feels it is important to correct a widespread misunderstanding with respect to the funding of Vietnam veteran outreach centers. Many Vietnam veterans have contacted the President in recent days, expressing their dismay that these outreach centers are to be discontinued."

Then it goes on to indicate that the President supported the bipartisan budget resolution which included funding for the outreach centers at about $26 million.

What I am perplexed with is that that widespread misunderstanding may stem from the fact that just 3 days later, on June 1, we received a memo on the House floor which indicated that, indeed, the President opposed passage of the legislation that the House did pass unanimously.

In fact, indicated there that there were only three provisions of the legislation which the President could support, none of which extended the outreach centers.

Let me ask you, Dr. Musser, as a member, a high-level member of the Veterans' Administration, does the VA have a position with regard to the extension of the outreach centers, or were you speaking as one with a personal opinion?

Dr. MUSSER. I am speaking directly from a personal opinion and my own personal interaction. There is no way that I could speak for the agency.

One, I don't think I have current knowledge of their stance. And second, it would be presumptuous at its best to speak for the agency.

I read and I listen to what is said, and I have an opinion, for what that is worth. Since you asked, I will give it.

Mr. DASCHLE. Please do. I have an opinion, too. I don't know if I will give it.

Dr. MUSSER. I have heard some of your opinions. They are very clear, very straightforward.

I feel that, in the beginning, that probably we had some confusion as to what were the real goals and objectives. I think when we had ample opportunity to see what was involved, what could be the potential, what could be the future, and the obvious overwhelming needs, rational intellect came to the foreground. And a lot of the confusion and lack of homework fell away. I am not saying that is what happened to the President. I am not saying that is what happened to the Chief Medical Director. I think it happened to some of the severe critics that used to call me and make rather

irresponsible comments. "You know, we have got to get rid of all this stuff." I think probably the tremendous efforts by a lot of people to educate many folks in the VA has been successful. I think they are more educated about what is really coming down. That it is not just playtime in the poolroom, that this is actually an honest, straightforward outreach program. And I hope that is true. I will give them the benefit of the doubt until it is proven otherwise.

Mr. DASCHLE. Have you personally been contacted by OMB or anyone that, to your knowledge, at this level, expressing a position?

Dr. MUSSER. No.

Mr. DASCHLE. That has been the trouble in Congress. I mean, I think that the reason there is widespread misunderstanding, as this letter refers, is the fact that it's been brought on by themselves.

We faced that in the last administration to a large extent and we are facing it again this time. And it causes a tremendous amount of doubt and a great deal of uncertainty about the future of the plan, not only with regard to the legislation, but after the legislation is passed.

The question is not now will the Congress pass this bill. The question remains, are we going to have the money within the administration to spend, or will it be impounded, like we have already seen this year?

Obviously, impoundment is a serious problem as we look at the way in which that $26 million will be spent over the next 3 years.

It does us little good at all in any regard to fund this and spin our wheels, if all that money is going to do is to sit in the Treasury waiting for a new administration. And that isn't meant to be partisan because it was equally applied, I think, to the last administration as well.

Let me ask a couple of questions with regard to your statement. One, in particular, in your printed statement, Dr. Musser, you say that "It is our opinion that the need for this program is 'time-limited' and that the efficiency and appropriate care for a veteran will be brought about as we succeed and are able to integrate this program into the VA medical centers' activities."

You said it in another way, I think, in your spontaneous comments when you said, "We hope this thing will work itself out of business."

Well, you are the chief of staff of the VA medical center. I would say that the VA medical center in Atlanta has been extremely successful. You have probably treated hundreds of thousands of patients in the last 20 years.

You are still treating them, I suppose. I don't think, and I want you to disagree if you don't feel this way, that you are any closer to working your way out of business today than you were in 1948?

Dr. MUSSER. Different context, Congressman.

Mr. DASCHLE. Different context?

Dr. MUSSER. Yes.

Mr. DASCHLE. I would be interested in your elaboration of that because I don't see the difference in context.

Dr. MUSSER. As the scriptures say, the sick and poor will always be with us. We are talking about anatomy and physiology of a part of the health care delivery system. That is my prejudicial viewpoint of the vets' center.

Mr. DASCHLE. Functionally?

Dr. MUSSER. Structurally and anotomically structured.

Mr. DASCHLE. That sounds like medical jargon——

Dr. MUSSER. No, it is engineering jargon, really. We just borrowed it. What it has to do with is how you put it together in an effort to make it function the best.

A nice meld between organizational structure, if you wish, and functioning of the organism to meet the need of the veteran. It may be that we are talking about the amalgamation of something that will evolve, that isn't even there now in the vet center.

Mr. DASCHLE. But you are talking about a difference in context as of today that obviously you have already thought about in evolutionary terms.

Dr. MUSSER. Yes, but I haven't come up with the pretty picture of what it will look like.

Mr. DASCHLE. But you think it will happen?

Dr. MUSSER. I think it will. Historically we have had these kinds of experiences. One could suppose that we will have a vet center satellite program, geographically placed away from the hospital, the same way as we have the drug unit geographically placed because of the needs for interface with the veteran. My comment really means that if we are going to reach out to all of these people, within a certain period of time, we ought to have a natural flow and movement going. The time element is an unknown to me.

Mr. DASCHLE. What concerns me is that Dr. Levenberg earlier stated that we are just beginning now to find out what the delayed traumatic stress is all about.

Dr. MUSSER. And that is a medical problem.

Mr. DASCHLE. OK, whatever. If we are just finding that out now, it could be that as we found out medically how to treat so many other symptoms in the past, that an expansion of the program and the isolation, the term you used, isolation, I guess I would use independent ability for movement or whatever, but the ability for that outreach center to go in their own way and treat those people that he clearly stated was so important, that autonomy seems to me to be an important facet of what this whole service provides.

When I hear people within the VA say, well, they are going to work themselves out of business, in other words, as I assume that statement to mean, that ultimately you are going to see once again the concentration of service provided within the "medical model" that you have described, we take away the service. And we no longer work our way out of business, we are just simply ignoring the business that exists.

Dr. MUSSER. I respect the considered opinion of my colleague. I just disagree with it.

Basically, I think that in any cooperative venture between people, units of any social organization that one wants to think about, that the process of cooperation and affiliation demands recognition of the individual autonomy of the units that are interacting, if the cooperation or affiliation is going to succeed. That, I

think, is a premise of interpersonal relationships that goes back many years. What I am talking about is if we were sure that all of this was exactly correct, and fulfilled the basic tenets of medical diagnosis, synthesis, et cetera, fine, we could proceed ahead. But I submit, sir, that without this proper medical screening that we have been doing in modern medicine for 700 years since the days of the University of Padua, that there is no way that we can be totally sure of the needs of the veteran. I submit that the problems of the Vietnam veteran are so complicated and that so much need is there that we need everybody on board.

A system must be devised. I would not want to interfere with autonomy of any working part, but I personally feel, and will until I am ordered otherwise, that we should follow a medical model until I find some better substitute to reach the needs for the veterans for whom I am responsible. I submit that protection of autonomy within a quality framework is what we are talking about, not dissolution of it. I really believe that.

Mr. DASCHLE. You aren't as concerned about, then, the medical model, the sanctity of the medical model, as you are about the ability by which the Veterans' Administration can provide service, be it autonomous or otherwise?

Dr. MUSSER. Right. And right now, it just happens that I spent all of my career with the medical model. That is why I am chief of staff.

Mr. DASCHLE. Now, you have just told me the sanctity of the medical model is important.

Dr. MUSSER. The sanctity of any model is only important with respect to how far it affords you the opportunity to meet goals and objectives commensurate with greater societal goals.

Mr. DASCHLE. Well, Dr. Musser, I sure want to thank you for your statement and your comments.

Dr. MUSSER. Yes, sir.

Mr. DASCHLE. I think we have some slight disagreements, but I certainly appreciate your candid comments and your testimony this morning.

Mr. DASCHLE. Dr. Levenberg, if you have any additional comments, feel free to make them.

Dr. LEVENBERG. I think we have to make some distinctions between some words used here. Dr. Musser has talked about affiliation between the veteran center and VA in a way that implies synonomy with subordination. I think we do have some disagreements about that.

He also uses the words autonomy as somewhat synonomous to the words "splendid," with or without the splendid isolation. I believe we also have to make a distinction between the meaning of those two. I don't see them as the same.

Mr. DASCHLE. It is a question really, what you are saying is, who is calling the shots, whether it is the vet center director, or whether, in the case of a difference of opinion, it is the medical model director, the chief of staff in this case.

In Atlanta, you have had a very successful operation. Apparently part of this assessment can be derived from the fact that there is a tremendous interrelationship judging from Dr. Musser's statement.

82-944 O—81——3

But I think I have seen cases where in other places that conflict over policy, and the enunciation and implementation of that policy is sometimes infringed upon at the vet center level, is that what you are saying?

Dr. LEVENBERG. Yes, sir. We do need the affiliation. We will lose our program's credibility if we have subordination.

Mr. DASCHLE. Well, I want to thank you both. This has been an enlightening first panel. I should find out whether—is Mr. Haag here yet?

We will bring Mr. Haag up at another time.

Mr. DASCHLE. Our next panel, Mr. Harry Doughty, team leader of the vet center in New Orleans.

Dr. Joseph Gelsomino, team leader of the vet center in St. Petersburg, Fla.; and Mr. David Lewis, team leader of the vet center in Atlanta, Ga.

If those three gentlemen are here, I would appreciate their coming forward.

We will take your testimony at this time.

Mr. DASCHLE. Gentlemen, we are delighted to have you here. Some of you have come a long way. I am honored that you would take the time and have this kind of commitment to do so.

For no reason other than the fact that you are listed first, Mr. Doughty, I would invite your testimony.

You can proceed in any way you see fit. The entire text of your statement will be inserted in the record.

STATEMENT OF HARRY DOUGHTY, TEAM LEADER, VET CENTER, NEW ORLEANS, LA.

Mr. DOUGHTY. Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, it is a single honor and extreme pleasure to come before you this morning to present some of the many problems of this group of veterans; therefore, I will use this presentation to focus on my years of experience in working with Vietnam-era veterans; my role as a team leader with the vet center and my suggestions for addressing the ongoing problems of Vietnam-era veterans.

My involvement with many of these veterans dates back to 1969 while they were still on active duty in Southeast Asia. As a combat medic with the 101st Airborne Division, I was involved at a level where I observed many youthful soldiers develop behavior patterns and attitudes about the war which were foreign to me as a civilized American.

As a 23-year-old draftee, I used my maturity and mental processes to avoid becoming involved with many of the survival defenses adapted by some of the younger soldiers. Each of us had to find methods which were not always pleasant in the eyes of our parents, country, and superiors, in order to survive our experiences in Southeast Asia.

After spending approximately 4½ months in the jungle of Southeast Asia, I developed a peptic ulcer because my previous coping mechanism had begun to fail me.

Shortly thereafter, I was transferred to a field hospital and given a position as a mental hygiene specialist.

It was during my final 7 months in Southeast Asia that I began to see many veterans complaining of drinking problems, the inability to relate to their superiors and not wanting to return to a combat zone.

Many of these men were given various forms of tranquilzers and returned to their duty stations.

After returning to the United States, I was assigned to a very large military installation in Georgia where I worked as a mental hygiene specialist for 2 years.

It was during this period that I saw a large portion of new returnees from Vietnam with some of the same problems I had encountered in Southeast Asia.

The symptoms which they presented, although vague, were quite similar in nature. Some of these problems centered on the inability to conform to stateside duty; a lack of respect for their superiors, marital problems, alcohol and drug abuse, feelings of isolation, and a need to find one's self.

In attempting to address these problem areas, the staff became quite frustrated because visits to the various commands for consultations resulted in many instances of these men being penalized for taking their problems outside of the command.

One such command developed an outdoor-type prison for those soldiers who did not conform to military standards. This concentration camp-type area was designed to aid these men with their problems.

When this approach failed, and quite often it did; many of these men were offered administrative discharges under AR 635-212. Of course, at the time these discharges were being issued, the military had a special code to indicate the reasons for military separation.

However, many of these soldiers were not aware of the special code and on paper, it appeared they had a general discharge under honorable conditions.

Many were told that after 6 months, the character of discharge would become honorable. Of course, we know this was not the case.

Many of these men attempted to find employment with what they thought was a good discharge paper. On the contrary, when employers saw the special code numbers, they were given various excuses as to why they could not be hired.

This problem, coupled with the media's portrayal of Vietnam-era veterans as drug addicts, killers and other negative descriptions taught these veterans that serving their country may cause more problems than they solved.

Consequently, many of them elected not to seek help with their problems and those that did were greeted with insensitivities and "redtape."

For those who attempted to attend school, they soon discovered that their education assistance checks were often 3 to 4 months late in arriving. Those who attempted to obtain medical assistance discovered that as veterans, they were not entitled to medical attention unless they met certain specific requirements.

After encountering these barriers, one after another, many of these veterans elected to develop other means of addressing their problems. They took to the streets where their drug problems

became a way of life for them and another form of entrapment and self-destruction.

Those who developed psychological problems due to their inability to relate and solve their problems in socially accepted ways resulted to combat-style tactics of stealing, robbing, and, yes, even murder.

For many of these men it is perhaps too late for this country to solve their many economic and psychological problems. However, there is a large percentage of Vietnam veterans who have found some needed assistance for themselves and families through the vet centers.

As team leader of 1 of 91 vet centers, I have had an opportunity to reacquaint myself with many of these men and their problems from a professional level as I had done years earlier.

Only this time, the problems have become so deeply rooted that it will take a number of years to adequately address them.

With the inception of the vet centers in 1979, the Vietnam veteran has an opportunity to seek assistance in a very friendly and caring atmosphere.

And, although the vet centers are in no way the panacea for the many psychological scars of Vietnam and/or the survivor guilt and feelings of isolation, it is a major step in the right direction for these men and their families.

One of the greatest injustices of Vietnam was not the war itself, but the kind of men who carried the burden of that conflict. A large percentage of these men, 54 percent, had less than a high school diploma at the time of their induction into the military and, for the most part, they were blacks, poor whites, and other minorities.

Many of them did not have the resources and support systems available to them before the military. Now they have encountered even greater problems in attempting to become mainstreamed since the war.

Their perceptions of what life was like for their fathers and what life is like for them after their combat experiences are quite different.

Individuals who served in Vietnam and perceived the military and serving their country as being the American way have now lived with the nightmares and flashbacks for the past 15 years.

Their faith in a system of upward mobility and honoring the combat veterans was shattered in this country's guilt-ridden needs to forget the entire Vietnam experience.

However, the omission of not recognizing the Vietnam experience and its impact on our youthful soldiers resulted in an alienated group of young men who avoided the VA medical centers and the VA regional offices at any cost.

Many veterans equated the VA with the military and identified it as another system not caring about them as individuals.

The veteran centers have provided veterans with a sense of caring about "them as individuals who happened to be Vietnam era veterans."

The veteran centers are effective because many of the staff members who work in these centers are also carrying psychological scars of Vietnam.

They have not forgotten the pains of human suffering and the personal losses they have encountered.

The veteran centers are effective because of the professional personnel and their sensitivity toward these veterans. The centers are working because of the men and women who served in Vietnam and are proud to be Americans and trust in the American way; they are struggling to overcome some very strong odds from the powers who dictate the trends of this country.

The veteran centers are working because the selection process of personnel was based on trust at all levels. The hiring authorities did not use the veteran centers as a means of offering the veteran an opportunity to "put down" the VA, but rather, as a needed agency in providing backup to the veteran center personnel.

On a very personal level, the New Orleans' veteran center is effective not only because of the veteran center, but also because of the support of the parent facility.

Mr. Haag, our director, and other key individuals have consistently supported our efforts.

My ability to function as team leader without hassles and distrust from the medical center is related to the confidence and working relationship that Mr. Haag and I developed in the past year.

Many of the problems encountered by Vietnam veterans at our medical center are related to attitudes of the personnel. Through our director's concerns about these kinds of problems, he has appointed a task force on attitudes of which I am a member.

This committee is assessing some of our major problem areas and is making recommendations to the director. My involvement with the director and the task force is only one of numerous examples of having good and honest working relationships between the director and the veteran center staff.

Mr. Haag's support of our center has changed many negative attitudes about the veteran center from other key medical center personnel.

Consequently, many of the service chiefs are now not only cooperating, but are also consulting with us about various problems that they encountered with Vietnam-era veterans.

And what is the final analysis of this relationship—Vietnam-era veterans are the benefactors. Finally, my suggestions on improving the veteran centers are as follows:

There are approximately 40,000 Vietnam era veterans in the New Orleans area. Of that number, it is estimated that about 40 to 60 percent, or 16,000 or more, are suffering from delayed stress.

The present staffing level of our center would only allow for a small portion of these veterans to be reached. It is not humanly possible for the centers to maintain quality care for veterans with only two full-time counselors, one part-time counsel/team leader and a clerk typist, attempting to address the problems of such a large number of veterans.

To reach only 20 percent of the estimated 16,000-plus veterans would definitely present a hardship on an already overworked staff.

If the veteran centers are to remain viable, there must be additional staff members added to the present core staff.

Second, the veteran centers should remain autonomous and outside of the VA medical centers. Many veterans who are now coming to the veteran centers certainly would not come to the centers if they were located within the medical centers.

Many of these men are not emotionally equipped to make such a transition at this time.

Third, we must expand the veteran centers to areas where Vietnam era veterans are heavily populated, but do not have access to a veteran center. There is only one center in the State of Louisiana with its 85,000 Vietnam veterans population.

There are some 15,000 veterans living in Shreveport, La., who must travel to Dallas, which is 185 miles or to Little Rock, which is about 200 miles, to the nearest veteran center.

Veterans living in southern Mississippi and on the gulf coast must travel 100 miles plus to New Orleans for assistance. And, of course, when these veterans do come to our center, they add to the problems of our already overworked staff.

To my fellow team leaders, I would encourage them to continue serving the Vietnam-era veterans in a manner second to none.

I also encourage them to work at developing very positive and meaningful relationships with their parent facilities, as well as other community agencies and organizations.

In concluding, Mr. Chairman, I wish to personally thank you for your interest as a Vietnam-era veteran. You are one of the few Vietnam-era veterans in a meaningful elected position to bring about changes for our fellow veterans and, for your efforts, we are most grateful.

This concludes my statement; I am available for any questions you may have.

Mr. DASCHLE. Mr. Doughty, that is one excellent statement. Obviously, a great amount of time went into putting your thoughts down as eloquently as you have. And it hits exactly the need that this committee has in bringing forth the wisdom of those who have experienced what these veteran centers have meant to veterans over the last 18 months.

I want to commend you. I want to withhold my questions at this time and proceed with the additional witnesses.

Dr. Gelsomino, if you will proceed with your statement. I might ask, if you will do me the favor, it is my understanding you have a statement from Dr. Arnold, from Bay Pines. Is that correct?

Dr. GELSOMINO. That's correct.

Mr. DASCHLE. If you will be so kind as to present your statement first as you see fit, then I will ask Dr. Arnold's statement be read. Is it brief?

Dr. GELSOMINO. Yes, it is.

Mr. DASCHLE. If you would do that, I would appreciate it.

STATEMENT OF JOSEPH GELSOMINO, TEAM LEADER, VET CENTER, ST. PETERSBURG, FLA.

Dr. GELSOMINO. Thank you, Mr. Chairman. I would like to thank you for the privilege of appearing before this subcommittee.

Prior to going ahead with my statement, I would like to mention that before I did get my doctorate in psychology from the State

University of New York at Buffalo, I served in Vietnam as an officer of mobile combat security in a squadron with the Air Force.

Prior to becoming a team leader with the St. Petersburg Veteran Center, it became increasing apparent we were not reaching the needs of Vietnam veterans.

A number of these veterans were having considerable problems out in the community. Under representation at various facilities, which were supposed to mitigate that suffering, underscored some serious problems.

The problems appear to be two-pronged. Many Vietnam veterans are avoiding VA facilities, while a number of those who attempted to avail themselves of services ran into eligibility entanglements or other circumstances which mitigated against appropriate treatment.

And the Vietnam veteran harbored feelings of mistrust and less than positive feedback. Frustration resulted from feeling that they and their problems were not understood.

The accuracy of these feelings are attested to by assessments of post-traumatic stress disorders in 1980, as well as this appearing for the first time in the American Psychiatric Association's nomenclature.

This led to misdiagnosis and inappropriate treatment. Additionally, Vietnam veterans experiencing post-traumatic stress disorder have lower frustration tolerance which, combined with perceived attitudes of VA employees, impacted on an already low self respect, further widening the gap between Vietnam veterans in need of treatment and an agency designed to provide treatment for war-related problems.

By way of contrast, it's felt that the veteran centers and readjustment program has begun to address these problems, responded to the needs of the Vietnam veterans and reached those who helped their country.

We have provided a place where flexibility and readjustment is the rule, which, in turn, facilitates the veterans' understanding of what it is they have been experiencing.

From my perspective, this is working. Frequently our initial point of contact is with the wife or other significant relation of the veteran. Often, they are the most aware of the problem and its sources.

Support groups are provided for them along with devising a strategy to reach and make contact with the veteran, either at the veteran center or elsewhere. The readjustment counseling program provides this vehicle. Crisis intervention has been launched from the veteran centers, family, police, and those involved with the system have asked that the ultimate beneficiary be the Vietnam veteran.

This provides an avenue for counseling and/or treatment. The readjustment program, this, too, is working effectively.

In addition to readjustment counseling for the Vietnam veterans, community sensitization is a necessary part of the whole process.

Efforts have been directed toward making the community more aware of the plight of Vietnam veterans, their loyalty to their country and needed responsiveness to those who serve their country.

Through presentations involved with the media—impacted on this image which is important to overall readjusting and healing.

We have been fortunate in St. Petersburg to have received staunch support from our parent facility, the VA Medical Center at Bay Pines, and chief of psychiatry service who understands the problems experienced by Vietnam veterans.

Interaction and in-service training has been ongoing between veteran center staff and medical center staff. The working relationship between the veteran center and medical center provides a broader range of counseling at treatment to the benefit of Vietnam veterans.

As a result of actively and aggressively seeking solutions, a specialized program for those veterans in need on intensive treatment beyond the scope of the veteran center has been implemented at the medical center.

What has evolved from coordinated efforts is a broader-based readjustment program. It is highly recommended that this approach be viewed as a model for other VA centers to emulate.

Overall, the veteran centers and readjustment counseling program which it houses have provided a point of entry or reentry into the VA system for some. A source of necessary and sufficient counseling for others, a vehicle for community sensitization, a source of positive public relations, an instrument for crisis intervention leading to treatment rather than incarceration or death, a sanctuary for those who feel rejected or abandoned by their country and a time for salvation for the Vietnam veteran and his family.

In these ways, it is working and working well. There is a continuing need to demonstrate commitment to the Vietnam veteran through the reaching-out process, intervening when indicated and warranted, and more direct involvement when pain and suffering can be alleviated.

To the extent that these objectives can be obtained will the readjustment counseling program be improved. This concludes my formal testimony. I will go on with Dr. Arnold's.

Mr. DASCHLE. Please do, thank you.

PREPARED STATEMENT OF ARTHUR L. ARNOLD, M.D., CHIEF OF PSYCHIATRY SERVICE, VA MEDICAL CENTER, BAY PINES, FLA., PRESENTED BY JOSEPH GELSOMINO, TEAM LEADER, VET CENTER, ST. PETERSBURG, FLA.

Mr. Chairman, I appreciate this opportunity to present testimony on this important subject and apologize for being unable to attend the hearing personally.

My name is Arthur L. Arnold, M.D. I am Chief of the Psychiatry Service at the Veterans' Administration Medical Center, Bay Pines, Florida.

I am certified by the American Board of Psychiatry and Neurology and am a Fellow of the American Psychiatric Association.

During the past 1½ years, I have been deeply involved in and concerned about the psychiatric problems presented by Vietnam combat veterans admitted to Bay Pines.

These young men usually come in with a serious life crisis, often associated with serious suicide risk, but also frequently posing dangers to others, and presenting a very specific clinical picture.

This includes nightmares and vivid visual images during the day of scenes from their Vietnam combat experience, a feeling of agitation as if "ready to explode," hyperalertness as though continually expecting something dangerous to happen, difficulty relating with other people and expressing feelings with them, avoidance of close relationships with their wives and children, intolerance for even minor frustrations resulting in impulsive hostile behavior with consequent difficulty in holding jobs or transacting ordinary affairs with business places.

They are wary and mistrusting with mental health professionals and reluctant to speak about their past experiences or current problems. When they are able, however, with caring and skilled staff, to reveal their problems, they tell of the most horrifying war experiences and stressful civilian experiences.

For many, their greatest torment is from what can only be called atrocities during their tour of duty in combat zones in Southeast Asia. These include mutilations, killings of women and children and civilians, massive casualties in their units, infiltrations by guerillas, and highly irregular secret assignments.

Intensive efforts at training of the professional staff have been carried out utilizing case presentations, videotapes, visiting speakers, and written materials.

It has been my experience that all of these efforts have had only limited effectiveness in improving the negative attitudes of hospital staff towards Vietnam veterans.

Psychiatrists and psychologists particularly, not having encountered this condition during their formal training and being much more familiar with traditional concepts of major mental illnesses such as schizophrenia and manic-depressive psychosis, are disinclined to see the problems presented by Vietnam veterans as real mental disorders.

While the concept of "combat fatigue" and "shell shock" have been well known after previous wars, the understanding of post-traumatic stress disorder is a very recent phenomenon, adopted by the American Psychiatric Assocation only a year ago.

This has been based primarily upon what leaders in the field have learned from Vietnam combat veterans.

All considered, it is understandable that most Vietnam veterans have avoided seeking help from any psychiatric treatment facilities and have even avoided revealing their difficulties to each other.

They feel alienated from society, their government, their families, and have had no sense of pride in themselves as a group.

The Vietnam Outreach Program has been useful, even life-saving, to large numbers of Vietnam veterans largely because it is seen as a unique independent effort on their behalf.

For many Vietnam veterans, the Veteran Centers are approachable only because they appear not to be an intrinsic part of official government agencies or psychiatric treatment.

They are not seen as part of a VA hospital. This allows the Veteran Centers the flexibility to use their rap sessions and counseling to great advantage and where good working relationships have been developed (as I believe has occurred at Bay Pines) to help those who need intensive psychiatric treatment to come into the hospital, usually accompanied by Veteran Center staff.

It is frequently necessary for Veteran Center staff to intercede on behalf of Vietnam veterans as advocates when problems with professional staff or administrative staff occur.

It is the relative autonomy of the Vietnam Outreach Rehabilitation Program which makes this possible.

I am firmly convinced from my own observations that the high priority and understanding required to assure appropriate treatment of the mental problems of Vietnam veterans depends heavily upon the independent position on behalf of Vietnam veterans which is taken by Veteran Center staff and made possible by their direct administrative links to the Central Office and the Administrator.

Let me say in closing that there is no indication that the need for this specialized program is abating. On the contrary, there are many Vietnam veterans suffering agonies they keep to themselves who are just coming forward to make these contacts which they need.

So far, we have seen only the tip of the iceberg.

Mr. DASCHLE. Certainly speaking for the entire committee, in his absence, we are grateful for the testimony just given. Thank you for reading it.

Before I entertain some questions, I would like to have our final witness, someone who's already been referred to in previous testimony, Mr. David Lewis. The team leader of the veteran center here in Atlanta, Ga.

Before I ask you to begin, I want to commend you on the tremendous reputation the veteran center in Atlanta has, for the work you have done, the kind of progress that you are making in dealing with the tip of the iceberg.

82-944 O—81——4

I am looking forward to your testimony.
Please proceed.

STATEMENT OF DAVID LEWIS, TEAM LEADER, VET CENTER, ATLANTA, GA.

Mr. LEWIS. Thank you very much. I wish to thank you for inviting me here to testify, and I will not read my whole statement.

In the interest of time, I will hit some highlights and make myself available for questions. I am a licensed clinical social worker and I recently, last Friday, had my 18th year of Government service.

So I feel like I have had a long background of working with veterans and serving them in many ways. In the early years of working with the veterans, I was very aware that we in the VA system did not understand the special and unique problems of Vietnam-era veterans and that we seldom dealt effectively with the traumas these men faced.

This was due in part to the ignorance of the problems these men were having, and also to the lack of training about the specific needs of the Vietnam veteran.

I think few mental health professionals at this time understood the problems that the Vietnam veterans were facing.

Most Vietnam veterans that are seen in our center have a very underlying and basic mistrust of any administrative, bureaucratic system, stemming from their Vietnam experience.

In my opinion, this has kept many from the centers, and I have heard many state to me personally that they would prefer to stay away and receive no treatment.

A unique quality we in the veteran center program can offer is a nontraditional and relaxing counseling center where a person can be seen by a fellow Vietnam veteran counselor. This is one of the policies we have in our center we try to adhere to.

When a man comes in, we want him to be seen immediately, in 15 minutes, and for him to know we are willing to work on his problem and do understand.

Some of the background is that we officially opened in 1980 and were the fourth to open in the United States. We are the busiest, most cost-effective center in the southeast region and stand very high among all veteran centers in the United States.

Since our program was opened, we have serviced over 1,800 individual Vietnam-era veterans in a variety of ways.

This includes individuals, groups, couples, and family counseling. We have also been very involved in job development and placement, as well as counseling in other areas of interest to Vietnam-era veterans.

We have had approximately 12,000 interviews during this period and receive over 100 phone calls per day into our center. We are in the process of developing a mobile veteran center that will travel to other major metropolitan areas in the State of Georgia. I will say this is a unique concept. It will be the first and only one like this to operate in the United States.

I feel we have worked an effective relationship with our cohorts. We are called upon constantly to give workshops and professional advice on Vietnam veterans' problems.

They respect us as we respect them. We have been very responsible and responsive advocates for Vietnam veterans. We have probably had over 100 newspaper, TV, magazine, and radio interviews during our period of time. This has included CBS News and Time magazine.

We are also involved in establishing a community-based organization for Vietnam-era veterans that can have the capability of offering some services if and when this program ends.

Perhaps the best way I could emphasize how our program works, I would like to give an example of one case I have worked on personally.

Approximately 6 to 8 months ago, I received a frantic call from a housewife in Athens, Ga. Her husband had recently been arrested for shooting up the neighborhood and holding a SWAT team at bay for approximately 4 hours.

She tried to get help in many places, but felt that the people had been unresponsive and unknowledgeable about the problems her husband was having.

Jim was a former helicopter pilot in Vietnam, and as such, flew over 600 combat missions. Upon returning from Vietnam, he tried to go to school on the GI bill.

One of the statements he made that sticks in my mind is that there was a Baptist college in North Carolina, which shall remain unnamed, but one of the professors there asked him very early on if he received a book for every person he killed.

Mr. DASCHLE. Excuse me, could you say that again?

Mr. LEWIS. A professor, who was an antiwar activist, asked him after finding out he was a Vietnam war veteran, if he received a book for every person he killed in Vietnam. This was a Bible class.

Jim found out that every time he put down on an application that he was a Vietnam veteran, he was refused a job.

Finally, he quit putting down that he was a Vietnam veteran and he got a job this way.

His first marriage ended in divorce and he handled his problems by drinking heavily. For approximately 13 years, his life went on in this manner.

During this time, he was able to get a good job with the Federal Government. One of the ways that he handled his anger during this time was to collect guns, and on occasion, to go to the woods and empty his carbine into the woods and generally let off steam.

Finally, this was not enough. One time while drinking and under particularly high stress levels, he began to express his depression and Vietnam-related rage by shooting up his home and neighborhood.

This led to the SWAT team's involvement. Luckily, several members of this team were Vietnam veterans and knew what Jim was going through.

Jim is going through what we call the flashback phenomena. He was back in Vietnam for all intents and purposes.

Jim was arrested and spent several days in jail before being sent to Billisville, which is our large State mental institution.

It was at this point that his wife called me for help. Luckily, one of the psychiatrists at this institution had attended one of our

programs several months earlier and had some knowledge of what post-Vietnam stress syndrome was about. He recognized this.

We consulted back and forth, and Jim was released to our program through the judge that handled the case. Jim and his wife became very active in our program. And I will say one of the members of the Athens self-help group is here today.

Not Jim, however. Jim and his wife became very active. They recruited a lot of other couples and people to come to our program. They started their self-help group through our support and help, and have been able to accomplish a great deal in the Athens area.

Jim was recently taken off probation and received a letter from the judge praising him and the Atlanta Veteran Center for his self-improvement. I feel Jim is living proof of the value and effectiveness of the veteran center treatment approach and value our work has in educating the mental health community and the professionals in general.

Gentlemen, there are many more Vietnam veterans out there like Jim. We can help them. It's been proven.

I want to thank you for allowing me to appear before you and hope in some small way this can keep the effective efficiency, vitally necessary for veteran center programs, alive.

Thank you.

[The prepared statement of Mr. Lewis appears on p. 58.]

Mr. DASCHLE. Mr. Lewis, I want to thank you for what I expected would be, and certainly was, an excellent statement.

You know, we get innovations in every sector of our society, including the technological and scientific sector, where I think we find the greatest amount of publicity sometimes. Even in Government we find, at times, innovation which gives us cause for some optimism.

I think this is a breakthrough. It is a breakthrough psychologically and medically for people who have needed one for a long period of time.

I sit through these testimonies and hear case by case just what this new innovation is doing for people that so desperately need help. I commend you.

But let me ask you this. I am asked frequently to come up with some tangible reason why these programs need to be continued.

"Show me," they are saying. "Are we healing these people? If we are, where are they?"

Can you show me now that we are healing people, that this is not just an isolated case, but part of a movement in a direction that is long overdue?

Can you show us?

Mr. LEWIS. If there is anybody in the audience that has gotten treatment at the Atlanta veteran center and feels that we have treated and perhaps helped them, would you stand up.

[Several stand.]

Mr. LEWIS. I think this is living testimony that our program, this is a very small number, that our program has been effective. All these people have had active treatment at our center and I think many would say that their lives were saved because of it.

Mr. DASCHLE. Thank you very much.

VOICE. There are a lot of us that aren't here, too.

Mr. DASCHLE. For the record, I want to make sure that it is known that half the audience stood up.

Tell me about the rap sessions. Why are they working? What is it about a rap session that is helping these people? I have been to a couple of them. I see the chemistry. I can't put it quite in terms that maybe you can.

For the record, I think it is important that one of the fundamental parts of what you do are these rap sessions.

But maybe you can help us in trying to define just what it is about these things that make people better.

Mr. Doughty, why don't you start?

Mr. DOUGHTY. Mr. Chairman, I feel that many Vietnam veterans have taken the problem of Vietnam individually. They are suffering individually.

However, the rap sessions provide an avenue for men to cry, to share their problems and their hurts and their concerns, but at the same time some positive reinforcement is presented within the rap groups.

We are taught as American men not to cry, but when you see a man walking around with 15 years of guilt inside, he's afraid to share it with his wife, his mother, his employer.

But you get 10 veterans in there and they will talk about it and say, "Hey, man, this problem is similar to mine." They can share.

In sharing, they realize they are not alone for the first time, that there is someone in the same situation who is willing to support them in their efforts to overcome their problems. This is why I think the rap sessions work.

Mr. DASCHLE. I couldn't have said it quite that well. Dr. Gelsomino.

Dr. GELSOMINO. I would just like to add to what Harry said. I think we have the cultural problems with the males in our society not being able to express much of what they have inside. Many of the Vietnam veterans come in and maybe it is the first place they feel they are being understood.

It may be the first place where they are able to open up with other vets and find out they are not the only ones going through what they are going through.

But basically, because of that problem of not having the tools and not really having the support of the community, maybe it may be for the first time that they get those.

They see other guys who are able to begin to express some of the pain and hurt, the sadness they have inside, the impact of grief, which serves as a model for them to begin to open up things that have bottled up for a long period of time.

Mr. DASCHLE. Mr. Lewis, do you have anything to add to that?

Mr. LEWIS. I think our program is borne by Vietnam veterans and this has major impact. I could probably best explain it, I think, by giving an example of a young lady who was the divorced wife of a Vietnam veteran who came to our center. After sitting through the first rap group, she said she'd learned more about her ex-husband in that one night than she had being married to him 7 years.

I think it was a very meaningful time for her. She may be able to get back with him. They are talking reconciliation.

It is a time of understanding. It is a place to heal. And it is a place to be understood.

Mr. DASCHLE. Let me ask you a question that is unrelated to that. One of the concerns that I have is that instead of treating the scores of people that just stood, instead of devoting your attention to rap sessions and healing people, you are tied by budgetary constraints, by the inability to reach out and find those people that may not walk in the door, and that those budgetary constraints are soon encompassing even a greater amount of the time that really should be devoted to veterans and not dollars and cents.

How serious do you feel these budgetary constraints are right now? Are you adversely affected in your operation as some of you have alluded, or is it just a minor irritant that you can put up with and go on about your business?

Mr. DOUGHTY. Mr. Chairman, since March 3 of this year, my staff and I have been uncertain about our future. However, we realize that if we can reach 100 veterans between March 3 and September 30, and multiply that by a wife or husband and children, then I think the money, the budgetary matters, are secondary.

We cannot sit around and wait to find out what is going to happen come October 1. We must deal with those veterans that we can reach here and now, and let October 1 take care of itself.

That is the only way we can deal with it.

Mr. DASCHLE. Dr. Gelsomino?

Dr. GELSOMINO. We are definitely limited by the staff and resources that we have. The whole problem with the budget proposals, the recommendations for cuts certainly affected staff, morale, and everything else.

This also affected reaching veterans that are out there. I think there are definite limitations just by virtue of the numbers that the resources will allow for.

We are becoming increasingly aware of the number of Vietnam veterans in prisons and jails. That is another population that hasn't even begun to be reached yet, whose conditions predated even awareness of the problems they were going through.

Mr. DASCHLE. I am so glad you mentioned that, because for the record, and really for the benefit of this committee, I guess, I want to emphasize that this is only the beginning.

As the committee hopefully delves into this issue more, we are going to find it is probably the prisons and correctional institutions that are going to require even additional specified or specific attention on the part of the Congress. We don't have a particular program designed for that right now.

I am only speaking for myself but you have hit on an area where, as I get into this issue more, I am finding there is a critical need that is not being met.

Mr. Lewis, what about budgetary constraints in Atlanta?

Mr. LEWIS. I think Atlanta is perhaps luckier and had more foresight than some others. We were in the midst of expansion when the budget was cut.

We did hire two of the three people that we were hoping to get on board the new team.

The first year we were in operation, our team dealt daily with burnout. We couldn't do much outreach. We were getting so many people into our center on a daily basis that we are practically burning out trying to deal with all the immense problems.

We are handling this better now with additional staff. I think it is a point that augmenting the teams can make a big difference. It can boost morale. It can give people a lot more freedom to offer a much wider variety of treatment.

I think the budget is extremely important. If the budget and expansion is allowed to continue, I think we will get a much better team concept put together.

Mr. DASCHLE. Have any one of you been told when the funding would be forthcoming as a result of the action taken by the House?

Mr. DOUGHTY. No, sir.

Dr. GELSOMINO. We have gotten a green light to go ahead with the Tampa Veteran Center which is going to be opening up sometime in July.

Mr. DASCHLE. It is our understanding, correct me, Ralph, if I am wrong, it is our understanding the funding would be forthcoming or at least the announcement of funding would be forthcoming this week.

Mr. CASTEEL. Yes, that is my understanding, that it would be announced this week. You mentioned a veteran center in Tampa. How many additional veteran centers are planned nationwide over and above, I think there are 92 now in operation, how many more are planned, do you know?

Dr. GELSOMINO. I know that at the point of the impoundment that there were 176 additional positions planned for. I believe those were broken down into veteran center satellites and augmentation.

Mr. CASTEEL. Of the present centers, rather than additional?

Dr. GELSOMINO. Yes.

Mr. CASTEEL. The question I would like to ask, Mr. Doughty, you alluded to the fact that at New Orleans, the director had appointed a task force on attitudes, of which you were a member of this task force.

I assume this was a task force to try to change the attitude of the VA employees in the VA medical center in New Orleans toward the Vietnam-era veteran?

Mr. DOUGHTY. I think it was toward all veterans, however, the Vietnam veterans certainly benefited by his efforts.

Mr. CASTEEL. Has this changed the attitudes of the Vietnam veteran himself, his attitude toward the VA and in going to the VA for some forms of his care, both physical and mental?

Mr. DOUGHTY. I think I can safely say that I see part of my job as acting as a buffer for that hostile veteran. Before I refer him to the medical center, I am going to say, "Hey, you need help and they can help us. But let's not go in there with an attitude that is part of the problem. We must open the lines of communication."

We act as a buffer before we refer to the medical centers so the hostile veteran will not feel he is out there alone, that the staff is there with him. It's worked tremendously.

Mr. CASTEEL. Chairman Daschle earlier referred to the fact that H.R. 3499 extended the veteran center program for an additional 3 years until September 30, 1984.

How do you, as team leaders, see this need? If it is extended for the 3-year period, it will be a total of 5 years since Public Law 96-22, I believe, passed, setting up the program.

What period do you see the involvement of the veteran centers to really take care of the need as you see it now?

Mr. DOUGHTY. I would hesitate to project a time frame. You are talking about problems that have existed for 15 years. And you expect us to resolve them in 3 years.

I don't think that is fair to the veteran, nor the staff. I think they should be evaluated on an annual basis to see what kind of progress we have made. To project 5 years from now, I think, would be unfair.

Mr. CASTEEL. We saw morale in the veteran centers and the veterans being treated in the veteran centers take a big dip when the budgets talks began earlier this year. The Presidential freeze on employment was imposed the day of his inauguration. Things began to wind down at that time.

I guess the thrust of my questions is to try to find out so we can make some kind of recommendations as to the continuation or termination of the program at a certain point if this seems to be indicated, so that this will not occur again.

Mr. LEWIS. The DAV just completed a study, Mr. Nicks can correct me if I am wrong, and one of the statements in the study was that the problem of post-traumatic stress syndrome would be peaking around 1985.

I think we are just starting to see the tip of the iceberg, and that the problems are going to be expanding dramatically now that the veteran is aware that our program is going to stay open.

I think there has been a loss of people coming to the veteran centers with all the publicity and negative impact that we might close. People didn't want to put their money into a bank that was closing.

My question is, is that when we get the go-ahead, that we are going to remain open, that we will see an upsurge of Vietnam veterans coming to the centers? It will be very dramatic and very high.

Mr. CASTEEL. Thank you. Thank you, Mr. Chairman.

Mr. DASCHLE. Thank you, Ralph.

The concern that I had in asking about your budget is one that I think Ralph has addressed in another way, in terms of time.

My concern is in your ability to function, given the tremendous geographical area you have to cover. I think Mr. Doughty mentioned that he is one of one veteran center in all of Louisiana.

Mr. DOUGHTY. That's right.

Mr. DASCHLE. We have one veteran center in all of South Dakota covering 125,000 square miles. The incredible travel demands, much less demands once you get to the location, are almost too overwhelming to ponder, given the limited staff we have.

I want to thank you all. You have highlighted the issue as well as it can be and I thank you very much, sincerely, not only for myself, but the entire committee.

You have done a service and I appreciate it. Thanks for coming.

Dr. GELSOMINO. Thank you.

Mr. DASCHLE. As I understand it, the airline does deliver, and one of the first witnesses, Mr. Haag is here. He is director of the VA medical center in New Orleans.

At this time, I think we will have Mr. Haag come forth and present his testimony. Mr. Haag, we are very grateful to you for taking time from your schedule to come to Atlanta this morning.

STATEMENT OF GREGORY J. HAAG, DIRECTOR, VA MEDICAL CENTER, NEW ORLEANS, LA.

Mr. HAAG. Thank you.

Mr. DASCHLE. Given airline schedules, you also have my sympathy in subjecting yourself to them. I appreciate it.

Please proceed in whatever way you see fit. The entire text of your statement will be inserted in the record.[1] We are glad to have you.

Mr. HAAG. Thank you and let me apologize for being late. It wasn't the airlines as much as it was getting here from the airport. For the sake of brevity, I will just brief my statement.

I would like to say that I am a 21-year VA employee. This is my first directorship and I have spent approximately 12 years in either the directorship or as assistant director.

I took the directorship on April 14, 1980. I had some rather unpleasant experiences at my previous station concerning the veteran center, so the idea of the veteran center did not particularly thrill me.

However, during this past year, I realized that through the efforts of Mr. Doughty and his staff, the veteran center has become a valuable tool, not only to our medical center, but also to the Vietnam veterans in our community.

I consider that unit as a stepping stone into the services that we can provide at the medical center. I also look at this effort as bringing a veteran to the medical center to receive treatment and, with our capability, possibly placing him in a steady job where he would be a tax-paying member of society. This would be very comparable to the educational benefits in the GI bill.

It's been stated time and time again, and I am probably a good example of that, that the benefits of the educational GI bill exceeds what I expected, and consequently, I pay taxes and consequently have more than paid back my cost of the education that the Government gave me.

In the same way, if we can put the veteran back into a productive, useful life, the cost of these veteran centers is going to be nominal.

I believe also that the problems we are seeing in the entire VA system are going to be more crucial now that we have somebody out there helping the vets. In my particular situation, if I have to institute the cuts that have been assigned to me at this point, I will have to absolutely abolish my ambulatory care program, which is the opportunity to provide care to veterans without inpatient care and to avoid the need for hospitalization. When veterans have been willing to come into the medical center, generally they meet with much delay and get some of the hassles they are trying to avoid.

[1] See p. 60.

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Consequently, we do have a problem there. I see Harry and his group help these veterans through the maze.

We have, as my statement indicates, three specific cases where I am sure these young men would not have presented themselves for medical treatment at our medical center, had it not been for the veteran center.

And I would just like to say that when the first word came that we were closing the veteran center, I was as much chagrined as I was when I knew it was opening up, because I had seen over the year's time the benefits they were providing out there.

Mr. DASCHLE. Mr. Haag, that is quite a statement. I think that sums it up as well as anyone could. You have seen success of the concept and success in practice, and obviously you are in a position to very ably evaluate that process.

The panel that you were to be part of centered somewhat on the medical model, on isolation, on autonomy and the need for the medical model to prevail.

I would be interested in knowing, from your own perspective, how you see the relationship between the traditional medical model as you look upon hospitals today in the VA system and the autonomy and freedom of movement, if you will, for these veteran centers to function in a way that is conducive to successful outreach.

Could you comment on that?

Mr. HAAG. As I commented before, I believe we have a very successful vet center. I believe it is due to autonomy, the perception of autonomy. Let me say we work very closely together.

Harry and his staff identify vets who have a need for our medical services, and his primary purpose is to see to it that these veterans have their needs fulfilled, or addressed, at least.

Because the center is separate from, geographically, from the medical center, I think this is the value of it. I would also stress that he has indicated he was the only veteran center in Louisiana. We have opened an outpatient clinic in Baton Rouge. We don't have a veteran center there. We have some problems up there.

Vietnam veterans do not feel that their problems are being properly addressed. Again, we have the perception of rejection, and the hassle. I think it was pointed out very well by Harry in his statement, that they have a distrust for the Government at this point for a number of reasons.

And I don't think vets are going to show up at the traditional VA outpatient clinic or at a VA medical center. They are not going to show up unless there is somebody there to pave the way or be the stepping stone for them and to develop some credibility for us amongst this group.

So, I believe that they need to be small. We are talking about expanding them. I think one of the reasons we have been successful is because it is a small homogeneous group working toward one goal.

The larger you get, the more procedures you are going to have to develop, the more hassle you are going to introduce into the system.

So consequently, I believe that they need to be small, be physically separate from the medical center.

I think they need to be more numerous. As I say, I could use one in Baton Rouge very effectively now, which would help us with some of the bad press that we are getting up there.

Let me comment on that a little bit. Bad press is primarily because there are some outreach programs funded under community action programs which are doomed, as I understand, in the not too distant future which are struggling to stay alive.

And consequently, media has decided to criticize our facility there and our facility in New Orleans in an effort to stay alive. If we had a veteran center up there, I think it could be counteracted.

Unfortunately, this particular vets outreach program is sometimes referred to as being part of the VA, which is unfortunate as far as I am concerned because of the criticism that has been leveled against the VA.

Mr. DASCHLE. Well, Mr. Haag, I want to thank you for your testimony. It was excellent, and for your comments just now.

I think that your experience in Baton Rouge points out as dramatically as we can the need for additional centers.

That really was one of the major reasons for this legislation. It not only provides for a 3-year extension of the centers as they exist, but also an expansion.

Let's hope we get one in Baton Rouge and Rapid City, S. Dak. and a couple other places we desperately need them.

Ralph had a question.

Mr. CASTEEL. Yes, sir. Mr. Haag, with your experience, under your medical center, do you see any need for any organizational changes in the structure of these centers and how they are supervised at the present time?

Mr. HAAG. I do not, no. I have to say that I have worked very well with Dr. Levenberg, with Harry and his entire staff. I believe the key to this, though, is the fact that Harry is a previous VA employee from our medical center.

He knows the staff. I believe that because of this, he has conducted himself in such a way that there has been absolutely no administrative problems with it.

We have had a few kinks. But I would not, for New Orleans, recommend any administrative or supervisory change whatsoever.

Mr. CASTEEL. That is all I have.

Mr. DASCHLE. Thank you for an excellent question. Again, thank you for coming.

We are going to take a 5-minute break. I am not going to break for lunch, I would just as soon continue, but we will break for a couple of minutes for people to stand and visit.

[Recess.]

Mr. DASCHLE. We will begin again and start with panel 4. Panel 4 consists of David Anthony, Lindsey Roux, Mrs. Donna Stamey, and Demory Williams.

To the four of you, allow me to express our sincere appreciation to you for coming this morning, on behalf of the entire committee, we welcome you.

We look forward with great anticipation to your statements. For lack of a better reason, we will start on the left and go right.

Mr. Anthony, you may proceed in any way you see fit.

STATEMENT OF DAVID ANTHONY, VIETNAM VETERAN

Mr. ANTHONY. Thank you. I appreciate being here. I am just going to read my statement.

I am a 32-year-old combat veteran of the Vietnam war. I served with the U.S. Marine Corps, in the infantry, and was wounded three times.

I served with the 1st Marines in Vietnam from August 1967 to November of 1968, and served in the I Corps Area of Vietnam.

I participated in the Tet offense of 1967-68 and was at the battle of Hue City and the seige of Khe Shan. I spent my last 2 years in the Marine Corps as a drill instructor at the Marine Corps Recruit Depot, San Diego, Calif.

I am presently employed by the Cobb County Solicitor's Office as an investigator in the consumer fraud division. I'm a graduate of Michigan State University and currently enrolled in graduate school.

I have been married and divorced twice and have three children. I presently participate in the Wednesday night group sessions at the veteran center, located at 43 14th Street NE., Atlanta, Ga.

I believe the hostility that this country felt toward veterans in the late 1960's and early 1970's is well documented; therefore, I feel it would be redundant to go into my own feelings of alienation and rejection upon my return to this country, but I would like to say that I did not understand why I became a focal point for antiwar sentiment by the mere fact that I was a veteran.

I would also like to say that I found it a necessity to repress my own feelings concerning Vietnam because the atmosphere on college campuses in the early 1970's did not allow for open discussion of Vietnam.

My first experience concerning Vietnam happened during my first term in college. I could not handle the rejection or the labeling of myself as a murderer of women and children by the school.

I withdrew from my first term, grew my hair long, and lied about being a veteran. I sought therapy at the VA Hospital in Dearborn, Mich., and their solution was admittance to the psychiatric ward of the hospital, which I rejected.

After that, I sought private therapy and for the next 11 years, I ran the gauntlet of group sessions, private sessions meditation, medication, and hypnosis. I talked with psychologists, psychiatrists, counselors, ministers, priests, therapists, and finally, other veterans.

This experience covered 15 different clinics and practices or centers and the cost was in excess of $10,000, which I paid myself.

The only positive result came from the exchange of feelings and experiences of other veterans. I have been classified as having six separate behavior disorders or psychological problems, but in reality none of the labels really fit, they were just convenient.

I would like to digress for a minute. In this situation, people did not know how to handle this, not even the counseling center at the Michigan State University Health Center, knew how to deal with the problems.

We didn't fit into the right kind of a niche. The feelings of emotional deprivation and isolation, of alienation and rage, I believe come from shotgun exposure to life-and-death trauma at the

age of 18 years and the need to protect oneself against the psychological pain of losing close friends and experiencing the ultimate insanity of war.

I do not believe this makes me a nonfunctional member of society, but like the alcoholic or cancer patient, I do need specialized help to deal with the experiences of Vietnam so that I might leave it behind me.

This brings us to the purpose of these hearings, the veteran centers, and why they should continue and not be incorporated into another agency.

I would like to attempt to give an illustration of why I believe in the center.

I am going to allude to rape victims. As a coordinator, I have dealt with rape victims for several years. Vietnam veterans and rape victims are similar in many ways. They both have hospitals that can deal with their physical needs, but neither have organizations to deal with the psychological needs.

Mental health centers are not prepared to deal with anything except established mental disorders and rape victims and veterans are not mentally ill.

When I refer to this, I am talking about fitting into the medical model type of illnesses. They have very special needs and raw therapy sessions work the best for both groups.

The veteran center deals with Vietnam-era veterans, period. The people that attend the sessions share similar experiences, are in the same age group and have intimate knowledge of what war is.

The setting at the veteran center is relaxed, open, honest and safe. No institution could ever duplicate the security of the center, and to me, this is of the utmost importance.

The trust could not exist in another environment. The stigma of a hospital and the illness it represents is not conducive to open discussion. How can you talk about Vietnam in the same environment where they test you for agent orange poisoning?

The veteran centers are very important to Vietnam veterans because after years of having nowhere to go, veterans now know they have the centers and the other vets to turn to if they need them.

The centers are very cohesive and the bond among the veterans who participate is as strong as the bond that holds men in combat to each other.

It represents unsolicited support, void of all requirement to reciprocate.

When Congress established these centers, it was the first positive step toward psychological rehabilitation of Vietnam-era veterans. I would hope that the second step would be to continue them.

I volunteered for the Marine Corps and Vietnam because I believed in this country and what it stands for. I still do. I feel pride in being an ex-marine and a member of this country's Armed Forces, and I hold no animosity toward anyone concerning the war.

I would, however, like to put it behind me like high school or college, and I believe that my only hope at this time is working through my feelings about Vietnam with the help of the readjustment counseling program for Vietnam-era veterans. I urge you to continue the centers.

Gentlemen, I would like to sincerely thank you for the privilege to testify before this committee and would be more than happy to answer any questions you might have concerning my statement or any other matter concerning these hearings. Thank you.

Mr. DASCHLE. Thank you, Mr. Anthony. We can't say it any better than that. I appreciate it very much. I think I find that testimony of that kind is probably as helpful to us as anything that can be provided medically or psychologically or administratively from the experts.

While their testimony is extremely important, this provides us with a clear-cut demonstration, it seems to me, that it is working, and I appreciate that. Mr. Roux, please proceed.

STATEMENT OF LINDSAY ROUX, GEORGIA ASSOCIATION OF VIETNAM-ERA VETERANS

Mr. ROUX. Mr. Chairman, members of the committee and fellow veterans, I would like to take this opportunity to thank you for allowing me to testify before you today.

My name is Lindsay Roux. I am the chairman of the board of directors of the Georgia Association of Vietnam Era Veterans, which is a grassroots organization of veterans to help veterans.

And I served in the Vietnam theater in 1969 and 1970 in the U.S. Air Force for 11 months when I was rotated and discharged.

My unit was a special operations outfit based in Thailand but operating in Laos. My duties were as an insurgent carrying out covert operations.

While in Laos, I wore civilian clothes and most of the time carried no identification. I was informed that due to the nature of the operations, its success was based on total secrecy both in theater and at home.

While in Laos, we were also very much on our own, insomuch as there was no vast U.S. military backups to support us or come to our aid, as in Vietnam.

The reason I have mentioned the above is because, during my tour of duty, I was under tremendous pressure, both in physical danger and mentally from the alienation from my peers and family.

I had to learn, and practice daily, being cold and unfeeling about human values and life. I had to hide and mask what feelings I did have, as well as control my communications with others in all forms.

All of this was carried over into civilian life due to my rapid transfer from operational status to stateside release and discharge, in a matter of 3 days with no decompression or debriefing time.

To make matters worse, I left, participated in, was injured, and started home with the pride of having served my country and was welcomed back with a spit in the face and ridicule for being over there.

Don't get me wrong, I am proud that I served, but to date, I am confused as to why our Nation couldn't and generally still can't separate the war from the warrior. These things were instrumental in cementing my inability to readjust.

Shortly after my return home, I went to work and 3 years later I was married. The memories, confusion, and learned traits re-

mained even though my wife, family and friends told me to put it out of my mind and forget it.

Because of my inability to communicate and my controlled communication trait, I was unable to put it out of my mind or forget it.

Because I could not adjust to civilian life, my wife asked me for a divorce. The pressure of losing the only person I had been able to gain any feeling for after my return home, including my family and my own daughter, plus the pressure of 11 years ago was more than I could handle.

I tried going to a psychologist and a minister for counseling and treatment. They felt my war experiences were the main factor to my problems and state of depression.

I was given a choice of being committed to a psychiatric institution or coming to Atlanta and going to the VA hospital. They, the VA hospital, recommended I go to the veteran center, something I had never heard of before, rather than coming there.

I arrived at the veteran center shaking so hard I could hardly get a cigarette in my mouth, much less light it. At that point, I was taking over 80 milligrams of Valium daily, could keep nothing but milk in my stomach, and was crying uncontrollably for no reason.

One of the veteran center counselors, Willie Chappell, spent 3 days almost continuously with me, talking, wiping tears, reasoning, and trying to help me gain control.

Thanks to Willie's and Dr. Steve Levenberg's help and getting me involved in the peer rap groups at the center, I was able to overcome my problems, or many of my problems.

In order to continue my recovery, I have had to remain in Atlanta to go to the veteran center, leaving my wife, 6-year-old daughter, and home in Savannah.

This, in itself, has caused me to make a serious decision; to remain here and lose any chance of reconciliation, or, go home and lose the only chance I have had of straightening out my life.

If the veteran center had not existed, I would have taken my own life by now. I have tried on numerous occasions. Unfortunately, there are many more veterans that are in the shape I was once in and they have not been informed of this program.

The program is now in danger before it has even done its job, thus endangering the lives and well-being of many thousands more men and women who served in good faith.

I hope the Government can now understand that, unlike any other program, the veteran center is working to bring many people like myself home and give us back our feelings.

I only hope the program can continue and be expanded to reach the many other veterans not yet informed.

Gentlemen, thank you for letting me testify before the committee today and I will be glad to answer any questions you might have.

Mr. DASCHLE. Mr. ROUX, that was an excellent statement. You say some things in here that ought to be blasted in the Congressional Record every day until people hear what you have just said.

Why should you have to make a decision about giving up your family, or giving up your state of mental attitude?

Why should you have to suffer those pains when really the decision rests with Congress in giving you the kind of service, the

kind of treatment, the kind of care that we have shown in the last 18 months has worked so well.

I can assure you that this statement is going to be read again and is going to be heard in Washington, because it cannot be said any better than that.

Mrs. Stamey.

STATEMENT OF DONNA STAMEY, WIFE, VIETNAM COMBAT VETERAN

Ms. STAMEY. Mr. Chairman and members of the committee, I am honored to speak on this issue which is so important to me both personally and as a taxpaying citizen of this country.

I will leave the overall statistics concerning Vietnam veterans post-traumatic stress and unemployment, divorce, and suicide rates to my more knowledgeable panelists and speak to you today only of my own experiences and opinions.

I am the wife of a Vietnam combat veteran. We are approaching our ninth anniversary and have one son. I met my husband in college 6 months after he returned from Vietnam and just a few weeks after he left his first wife with whom he had one son.

When we met, Alan was socially active, and unusually warm and kind. He was full of optimistic, adventurous ideas about his future. He seemed to be incorporating his feelings about his Vietnam experience into his civilian life rather well.

Our first 1½ years together was the happiest time in either of our lives. Then, almost overnight, the picture started changing.

We had some financial problems with a baby on the way—a stressful situation for anyone.

But Alan's reaction was far from normal. He began threatening divorce. He totally quit seeing his first son, unable to deal with conflicts with his first wife. He constantly complained about his job and he suddenly felt he could never find a career he could tolerate.

He went through periods of sleeping 10 or 12 hours a day. Sometimes he called out in his sleep and I knew he was in Vietnam again. We talked very little and when I encouraged him to confide in me about what was happening to him, he reacted with anger and sometimes violence.

He blamed me for every problem in his life. Sometimes I feared he was becoming suicidal. I tried to understand, to encourage and be supportive and help him snap out of it.

But the harder I tried to get to the root of the problem, the more deeply he withdrew. His moods shifted like the wind.

One day he loved me—the next day he hated me. It was impossible to be prepared for all the changes. Tension saturated both of us most of the time.

I felt I had to censor everything I said to him. Anything could set off an explosion. I could often even see tension in our son when it approached time for Alan to come home from work.

My reactions to all this were sometimes far from what they should have been. I became so insecure, depressed, and lonely that my trying to be supportive of him was like the blind leading the blind.

After nearly 6 years of hurting each other, in September of 1979, we ended up in divorce court and a vicious custody battle.

By some miracle, 2 months later we ended up under the same roof again, but with the divorce battle still fresh on our minds, our marriage was worse than ever.

I knew that if we were to ever salvage the marriage, we were going to need a lot of help.

By this time, I had heard about post-traumatic stress and it didn't take a genius to realize that that was at the heart of our problem.

I began calling every social service agency I could find in the phone book or otherwise be referred to for counseling. The VA offered nothing in the way of family counseling, and that was what we needed most.

Other special service programs were totally unequipped to deal with delayed stress, and the least expensive ones charged $35 per hour. That was out of the question.

Finally, someone referred me to Dave Lewis, who was to work with the Vietnam veteran's outreach program in Atlanta.

Soon after the veteran center opened, we began going to group counseling sessions for vets and their wives. We found these to be an invaluable help.

After feeling so lonely, confused and frustrated for so many years, being in a group of couples who understood was a real comfort.

We came from different races, income levels, and educational backgrounds, but we all had very similar problems.

Quite often, a member of the group would start talking about a stressful situation at home, other members would respond and in 10 minutes, the chain reaction of comments had taken us right to the battlefields of Vietnam.

After seeing this happen a few times, we began to understand something about what was happening in our family relationships.

For Alan, these sessions slowly defused the time bomb that had been building up pressure within him for almost 9 years. I could see the changes in him from the first meeting.

Gradually, he could see reasons for the crippling depression and tension he once thought was unique to him. And for the first time in years, he could see an end to the pain.

For me, the group provided the emotional support I needed and a clearer understanding of the problems in our lives. All my feelings of resentment for all those unhappy years were replaced with feelings of sympathy and respect.

Finally, I understand what Alan meant years ago when he said he was more frightened on the plane coming home than he was flying to Vietnam.

The Vietnam veteran's outreach program is, in my opinion, a shining success. In 3 months' time, it helped us turn our lives around and continues to be supportive to us today.

It is, I think, the first and only thing this Government has done for the Vietnam veteran that he can appreciate.

Many depressed, confused vets are still unwilling to admit that post-traumatic stress is at the root of their problems. Many others are still skeptical of any program funded by the Government that has turned its back on them so badly in the past.

For every "Alan Stamey" that outreach programs have helped, there are still probably 10 more who desperately need its services.

They need to know that there is a place to go where someone understands the unique problems of the Vietnam-era vet.

The outreach program's success is slowly gaining their trust. To close the doors of the veteran centers now would be closing the doors on a chance for these men to put the pieces of their lives back together.

There is no other place for the Vietnam veteran and his family to go where they can receive the kind of help and understanding the outreach program provides.

This country was so very generous to the man who ran off to Canada or hid underground. Don't the men who trusted their Government, obeyed its laws, and fought its war deserve as much?

All they ask is the opportunity to put Vietnam behind them and really come home to us. We owe it to them to leave veteran centers open and give them that chance.

Thank you for listening.

Mr. DASCHLE. Mrs. Stamey, that was one fine statement. It is hard, sometimes, to spill out in front of all these people and an official committee of the Congress your inner feelings.

But you have in a most eloquent fashion, and you have done a real service, not only to your husband and to the veteran centers, but to what we are trying to do in the Congress.

For that, I am very deeply grateful. I sometimes have difficulty in my own mind remembering that we are only talking about 18 months.

That this program hasn't existed for 10 years, or even 5 years, but just in 18 months, people like you have come and have gained new hope and new life and new spirit and encouragement for the future. I don't know what else Government can do if it isn't that.

The three of you, so far, have so eloquently stated what those of us in Congress have hoped to perceive out of a program like this.

It makes my trip to Atlanta completely worth while just to sit here for this testimony.

Mr. Williams?

STATEMENT OF DEMORY WILLIAMS, VIETNAM VETERAN

Mr. WILLIAMS. Good morning. Greetings, committee members, members of the media, and my fellow Vietnam vets. It gives me great pleasure to testify before you.

My name is Demory Williams; ex-marine, combat Vietnam vet. I was attached to an artillery company as a wireman and radio operator, which allowed me to see action from two perspectives.

First, behind the frontline at base camp, and second, on the frontline in actual combat. At this moment, I feel that my life is on the line again because of the threat to the continuation of the veteran centers.

As a black patriarch in the mid-1960's, mom, apple pie, and the girl next door were as real as the hand before my face. I was a street soldier because there was a war in the streets here in the United States for the same reasons we went to Vietnam: Freedom and the right to vote.

In the States, riots were occurring and boundaries had been drawn many years prior to the first brick being tossed.

Unemployment among young blacks, as usual, was very high, which added fuel to the smoldering embers. Black generals like King, Newton, and Malcolm were calling for a few good men. Even with this knowledge, I answered the draft notice from Uncle Sam about a month before my high school graduation.

I opted to join the Marines just to increase my chances of returning home in one piece. You see, two of my friends joined the Army and one returned a cripple and the other returned in a box.

They had 3 or 4 weeks of training after boot camp, and their letters informed me that they had not been well trained for Vietnam.

Once in the corps, I found the racial war zone more visible. By this, I mean that the white-to-black ratio was about 7 to 1, whites having the edge.

But this was just the general training company. The separation became more apparent at the end of boot camp when the job assignments were made known.

The average white marine got technical or clerical jobs, but blacks were usually assigned 0311 or grunt infantry jobs.

By the time of advanced infantry training, the ratio had now become five blacks to each white. At this point in time, whites were typically cited for promotion to NCO's and blacks went to Vietnam as privates.

However, let me emphasize that even after fighting in Vietnam and then fighting the ostracism at home, my patriotism is still intact.

The veteran centers that the administration wishes to cut back are not something given out of kindness, but by a prearranged agreement, a contract, if you will.

It states that for serving my country in combat, the emotional trauma I experienced will not remain to haunt me for the rest of my years.

We are not like the people on welfare or other social programs based on handouts. These are benefits given in contract form, and the President wishes to rewrite this contract. I cite the President with breach of contract.

We upheld our end with our lives for some, our limbs for others. In the President's nitpicking, he found clauses or words by which the contract did not apply to Vietnam vets.

Psychological disorientation is in my opinion the most serious of all of the effects this war had on its young patriots.

Our inability to separate the war from the warriors has left scars on all Vietnam vets, and particularly those of us from minority groups who already have to fight for equal rights due only to our skin color.

Like so many minority veterans, I have a variety of job and social skills which are of little use in a civilian job market.

The psychological disorientation which I talk about is also due to the nature of the guerrilla warfare. Eighteen and nineteen-year-old young American soldiers were not prepared for the Eastern propaganda and values of the Vietnamese soldiers.

Charley would walk women, children, and old men onto a battlefield to force U.S. soldiers to choose between their life or their beliefs. Because we had to kill or be killed, our instincts usually prevailed and we shot women, children, and older people.

One way of coping with being in this situation is to begin not to value human life.

Another cause of the psychological disorientation of Vietnam veterans was the everyday nature of the combat situation. I lived constantly with the threat of death or disfigurement.

War was during the day and at night. Unlike Korea or the European theater for World War II, there were no front lines or trenches to fight from.

My first 2 months in Vietnam, I was a radio operator in a field unit and was in combat constantly for 2 months. This was monsoon season and I caught pneumonia and was sent to Okinawa for 2 months.

After recovering, I was returned to Vietnam and was put in a 155-millimeter artillery company as a communication wireman and radio operator.

I thought that I was safe, but I was wrong, since we were a main support element not in the field. However, Charlie liked to attack fixed positions and continued to try to knock out our big guns.

They would hit us at night and make runs on our wire perimeter with women, children, pigs, water buffalo, and old men up front.

When my tour ended, I was back in the States within 18 hours with no preparation. My buddies before me had written that I would be spit at if I wore my uniform home, so I ditched my uniform and wore a civilian suit.

Eight months later, my mind had not yet returned home from Vietnam and, while having a flashback, I killed an innocent person.

I have to live with this for the rest of my life. Gentlemen, if there had been Vietnam centers or readjustment counseling available for the returning soldier, this might not have happened to me.

It is for this reason that I say my life is once again on the line when the President talks of cutting back the future of the veteran centers. Please do not let this happen.

Thank you for letting me be here today and I will be glad to answer your questions.

Mr. DASCHLE. Mr. Williams, you are a fitting part of this panel. This kind of eloquent testimony doesn't really get the attention that it so oftentimes deserves.

It is sometimes given in the most difficult of circumstances for those witnesses presenting it personally. And I want to commend you and thank you as sincerely as I know how for what you have just given us, a part of yourself and part of your experience that only you can reiterate in so eloquent a fashion.

What I would like to do, if the four of you have no objection, is to proceed one step further than we normally do at hearings such as this.

I would like to share it with all 535 Members of Congress by inserting each of your statements in the Congressional Record so that those beyond just the members of the Veterans' Committee will have the same opportunity I did to read these words and to

find the tremendous impact that reading them will have on the decision to pursue this in a lot more vigorous manner in the future.

Do any of you have objections to that?

Mrs. STAMEY. Certainly not.

Mr. ROUX. Not at all.

Mr. DASCHLE. Let me ask you something that I am trying to find in as substantive a way as possible as by your answers, and answers given by prior witnesses.

People want to know if the system is working, the bottom line, that there are substantive or tangible signs of success, and success is defined in so many ways. You have all eloquently shown what success means to you. Are you getting better? Is there, without question, a demonstrable bit of evidence that shows that, 18 months ago, you were different people, your husband was different?

Certainly from the testimony I get that impression. But do you have a new outlook, and in a way that demonstrably shows that the system has worked? Mr. Anthony.

Mr. ANTHONY. I think one of the big problems with Vietnam combat veterans' wives alluded to a couple of times in this discussion was the fact of the emotional isolation that you feel, being a combat veteran, as a survival technique in combat. You have to do that. You have to isolate yourself from those people that you care very much about. When you are in combat, you care very much about the people that you are with. It is a very special type of love that I don't think is duplicated in any other process anywhere else, in any other type of environmental situation.

For the years since I have been out of Vietnam, I started seeking therapy pretty early because I knew I was different than I was when I went into the service. Not being able to feel the things that intellectually you know you should feel, and in reality you don't, was one of the things that bothered me the most. Now, I am just now coming back in touch with some of those feelings, and it feels—it is not unlike being able to see for the first time in 11 or 12 years, or being able to hear for the first time, being able to walk after corrective surgery.

It is a totally unique experience after so many years of not feeling anything, just having the drive to exist because that is what you do. That is the thing that—because I am fortunate. I am employed. I have a job. I have an education. But that is the thing, that it cost me two marriages.

At this point, and with the sessions at the vet center, they don't give you a battery of tests. You don't walk in and have to take the Rorschach, you don't have to take all these things so they can try to figure out what to do with you. That is not the thing there. The thing is, let's work through these feelings. If you are not feeling, let's see why. Then you are in there with 18 other people or so that have the same type of feelings.

One guy might say, "Well, this is what I did," and then, "Well, this is what I did." You don't feel alienated. We are not freaks. We don't belong in psychiatric hospitals, we don't belong locked up there. We have a lot of fears. We were afraid to have kids, we don't know what agent orange is all about. We are afraid for the kids we have. But it is a common fear.

It is something that is hard to explain to somebody else. It is something we are going to have to learn to live with and learn to cope with. Some of our basic coping mechanisms, like denial, were destroyed when we were 18 or 19 years old. So we have to develop better, more sophisticated coping mechanisms.

That is what the centers are for, so we can go back once a week and be able to go through it. It is going to be a slow process. I don't think we can put a time limit on it. I can see the difference in me. It took me 11 years, 12 years, to get where I am now. It is a brand new program. Eighteen months is nothing in the program. If people are starting to feel, people are starting—we are the ones. If we feel like we are getting something out of it, you know, why should somebody else who is not involved say, "I don't think it is working." We think it is working or we wouldn't be up here. See, we believe that it is working.

If we feel it is working, God knows I have been to every type of therapy in the world, now there are a lot of people who got a lot of my money. And that didn't work. And this works. If it didn't work, I would be going somewhere else. I think most of us that are in the center know that. If it is working for us, what else can you say? I feel like it is.

Mr. DASCHLE. Mr. Roux, Mr. Williams, Mrs. Stamey, beyond that, I would be interested in knowing how you handle flashbacks now as opposed to how you handled them 18 months ago.

Mr. WILLIAMS. My last encounter with a flashback was December 1980, and it drove me to a point of suicide, so I had to go into the VA hospital, and I stayed there all of Christmas and New Year's and, you know, waited for my family.

In the hospital they had rap groups, but somehow it wasn't as well operated as the rap group that was down at the center. They were still interested in putting labels on me. They had me schizophrenic, they had me paranoia; you know, all kinds of different types of labels. And there what they call therapy was latch hooking and making little art things and going down to the gym. And you were supposed to, after *x* number of months of keeping your hands busy in a VA hospital, you were sane enough to go back on the street.

So I did my best to heal myself in the hospital, just enough to get out of there so I could get back to the vet center. And when I got back, Dave Lewis, McManus, and a lot of other guys, you know, they reached out and grabbed me, said, "Hey, you know, come on back. You know, we are sorry that you left." And they began talking to me, started giving me time, you know, and started showing me that they care about me, that I wasn't just another basket case, that I was somebody that was, you know, valuable to a community, I could be worthwhile.

And I think that was the biggest shot in the arm for me, that I was once again welcomed back home. I got that parade I never got. I got that beer that, you know, you are supposed to get in a bar for being a war hero or whatever. You know, I got that from the guys down at the vet center, and I really feel good about it.

I think that now I still have some problems, but I don't react as violently as I used to. I still argue and gripe at my wife, but, you know, it is done sort of in a healthy way now. I don't shut her off

altogether. I just talk to her, you know. I might holler or something, but, you know, I am working at it and I feel good about it.

Mr. DASCHLE. I think I can tell you from experience that arguing with your wife has nothing to do with Vietnam. [Laughter.]

Mr. WILLIAMS. Good.

Mr. DASCHLE. But it is healthy; I can tell you that from experience as well. Mr. Roux.

Mr. ROUX. Yes. As far as handling flashbacks themselves, I have had them. I still have them. But the difference now, while being at the center, when you actually in combat, you had this backup group. Most people had this backup group of support and what have you, that you knew you were OK. Now, finally, I am beginning to have it.

I will wake up after one, be driving down the road, come back to after it, and know all I have to do is pick up the phone and call someone at the center, at the rap group, and say, "Hey, guys, I am in trouble. I am going." And they are there. Most of the time I don't even have to call. It is just the feeling, the knowing that they are there if you need them.

Before when it happened, I would dive deeper in my work and hope that would cause me to forget it. It caused me to lose my job instead. Or I would dive into a bottle, or just something else, just to push it out. The camaraderie, fellowship, this is what is making it valuable, so to speak.

The question Dave was asked, is it working; 8 months ago I lost my job. I was told about 1½ months ago I wasn't capable of working. I am working now. Had it not been for the vet center, I would be pushing up daisies rather than producing and paying taxes.

Mr. DASCHLE. You are a commendable group of people.

Mrs. Stamey, I want to be very quick to reiterate that I don't make light at all of relationships with wives, because I do know that marital problems can stem from these experiences. I only jest because I know that a lot of us experience those. But I do know that there is a direct relationship. As you so eloquently and perhaps as capably as I have ever heard stated before how serious the relationships are altered and affected by delayed stress and other experiences that these people have suffered, do you have any additional comments?

Mrs. STAMEY. I might add that the atmosphere in my house from the time we get up until the time we go to bed is just a totally different situation than it was before we went to the vet centers. It is like two, three different people living there. It is much more enjoyable this way.

Mr. DASCHLE. Well, that is great. I only wish we could continue this for another half hour. It is the most invigorating thing I could possibly be doing as a Member of Congress, and to see you sitting here and talking as capably as you have about those experiences, I just wish the whole Congress were filling this room to hear what I have just heard.

We can never be as grateful as words can express for what you have done in coming before this committee. I want to thank you very, very sincerely.

Mr. ROUX. I am not sure about the others, I am sure, at the request of Congress, at any time I am sure that we would be more than happy to come and say this, exactly what we have said, to them, if they would like to hear it.

Mr. DASCHLE. Well, they are hearing it. I think the vote last week was indicative of how the House is hearing you. They don't have to see your faces. They don't have to listen. But they can read and that is what I hope this exercise will allow them to do, to read what you have stated, and stated so well.

I sure appreciate your offer, because there may come a time when, if we aren't successful at some juncture in this important process, that we do bring you to Washington. Hopefully, that won't be necessary. But thank you.

Mr. WILLIAMS. Thank you.

Mr. DASCHLE. Our next panel will be some technicians who have seen how this healing process works first hand.

Mr. Willie Chappell, team technician, vet center, Atlanta; Mr. George Otto, team technician, also Atlanta; and Mr. Jervis McManus, team technician here in Atlanta. I think all of their names have been mentioned in the prior testimony.

Gentlemen, we ought to thank you very sincerely for waiting as long as you have to present your testimony. But even more important than that, for taking the time, as you have, to put in writing the thoughts about what you are doing and about the program and legislation pending before Congress. We are glad you are here.

STATEMENT OF WILLIE CHAPPELL, TEAM TECHNICIAN, VET CENTER, ATLANTA, GA.

Mr. CHAPPELL. Mr. Chairman and members of the committee, I would like to thank you for the opportunity to present my views and perhaps some recommendations as to the operational effectiveness of the readjustment counseling centers.

First, I would like to give a brief summary of experience in veterans' affairs so as to emphasize my long-standing concern for the plight of my fellow veterans and to focus upon the need for the vet centers and to attest to the operational effectiveness of the centers.

I served, honorably, in the Army during 1964 and 1965. Almost immediately after my separation from the Army, I joined a veterans' organization for Vietnam-era veterans. During the mid-1960's, Mr. Whitney Young of the National Urban League determined that the returning Vietnam veterans had a host of problems with readjustment to civilian life, unlike those of veterans of previous wars. He directed the National Urban League to formulate programs to assist the returning Vietnam veterans.

We formulated what was known as the greater Atlanta Veterans League, a program for Vietnam veterans here in Atlanta. I was president of this organization from 1968 to 1970. I was hired by the Atlanta VA regional office in 1971 and worked as a claims development clerk, educational clerk, and as a veterans' benefits counselor during the last 5 years of my employment there. Additionlly, part of my last 2 years at the VA regional office was spent working outreach for the regional office, dealing very closely with other veterans' groups and programs. I served 2½ years as the vice

chairman for the EOA advisory council to the EOA veterans' outreach project. I have been employed with the Atlanta vet center since the inception of the program in 1979.

In the various roles that I have served in since 1966 in helping veterans, none has been more rewarding or as challenging as the one I am in now with the vet center. I believe the reason for this feeling is the directness of the vet center's approach toward service delivery. A counselor deals with a veteran from start to finish, no matter what the problem or who else may get involved. The help remains available to the veteran until his problems are solved, or until he is better able to cope with them alone.

This approach makes a client feel good about himself and helps him to understand that he is not alone in his quest for relief. After a client has been seen, the policy of followup helps to promote the idea that somebody really does care what happens to the vet, an ingredient that has long been lost in our traditional service delivery system.

It has been somewhat disturbing to many veterans to hear arguments from opponents of our program who state that we duplicate services at the vet center. In my role as an advocate for veterans' rights, I know of no organization that provides veterans with assistance that the vet center provides. Who helps to reduce hostilities of veterans toward the VA system? The vet centers do. The Miami vet center even served as an instrument to help minimize veteran involvement in that city's recent civil strife.

We heard, and in many cases witnessed, situations where veterans have legitimate gripes for the kinds of services they received from the various agencies. It is understandable that with such huge operations, sometimes the personal touch is lost. It is unfortunate that when this happens some veterans are denied benefits or suffer needless disappointments. Many veterans are reluctant to ask for help at the hospitals and the regional offices because of past experiences, or any number of reasons. Our vet center has been a place where some sense could be made of the confusion by working closely with the VA, the veteran and the VA medical center.

Vietnam-era veterans have not, in many instances, been given a fair shake. For example, when our vet center in Atlanta began operation, we had a meeting to establish procedures for networking with other agencies in the community in order to expand our pool of resources and services to our clients. For job development, we considered the U.S. Department of Labor and a number of other organizations that provide employment assistance. A dismal example of effectiveness was realized when it became apparent that three of the four of us there had gone as Vietnam-era veterans seeking employment through the U.S. Department of Labor more than once. Not one had received any help or, at the least, a followup phone call from that agency. It was only in 1979 that we found that the U.S. Department of Labor has a veterans' job assistance program.

Incidentally, we certainly appreciate the pending legislation introduced by Congressman Daschle that authorizes the vet center counselors to certify on-the-job training eligibility for Vietnam veterans.

In contrast, I would like to focus upon the ease with which an eligible veteran may receive assistance through the vet centers. First, the veteran recognizes that he is among peers that can relate to him in his own language and, for the most part, share some of the pain that he is experiencing. Rapport is often instantaneous, and the relaxed and unstarched atmosphere of the centers usually provide warmth which is not found in other agencies.

When a veteran comes in for job assistance—and 68 percent of Atlanta vet center clients do—some assessment of the client's abilities, interests, transportation, job readiness, and other concerns is made in order to plan with the client what should be done. If the veteran is job ready, we contact any number of resources that we have developed through our community network and refer the veteran there for help. In some cases, it is a sure-hire for the veteran we refer because of our screening and evaluation process. We are fortunate to enjoy that level of credibility in our community. We contact the employer and request that they share with us any concerns of our client's performance and we maintain contact with the client by involving him in our weekly rap groups or by visiting them on the job.

If the client is not job-ready, immediate attention is given to the pressing financial needs for himself and his family through a host of churches and local help organizations in our network. We deal directly with food banks, churches that provide some financial assistance, Disabled American Veterans organizations, and many other groups. We invite the vet to participate in our job-readiness group where we have local expert help in job preparedness, job interviewing, and even to provide occupational aptitude testing to help guide the veteran in terms of his career goals and objectives.

Since this program consists of veterans helping veterans, the net effect is much like the multiplier effect of money to prime the economy. We assist a few veterans and those few in turn assist a few more veterans. This is especially true of the following examples:

One veteran employed as the production manager at Southern Aluminum Finishing Co. here in Atlanta needed assistance with his VA claim. He had worked with two regional offices over a period of some years and refused to go there again. It was a simple problem, and I was able to go to the regional office and clear it up almost instantly. The veteran was well pleased and asked what he could do to help us.

It was explained that due to the abnormally high unemployment rate among our veterans, we could always use help in providing jobs for our clients. Since that time, five people from our center have been placed with him, one a supervisor, one a tour superintendent in charge of the entire third shift, and three additional laborers. Arrangements have been made to refer even more people through him as future vacancies occur.

Another veteran was referred to us by the Atlanta Constitution newspaper after the veteran had threatened suicide and called them for help. The newspaper contacted the vet center and I had the pleasure of working with this veteran from that point on. The veteran had many problems, starting with his marriage, his job,

foreclosure pending on his home, and an uncompensated wartime injury.

We worked long and hard just to save this man's life, not to mention his home and wife. But with the cooperation of our medical center and the regional office, everything the veteran had was saved. He was hired by another veteran who understood his situation and was patient enough to work with him to see his problems through.

I do not believe our Government has spent $1 in our outreach program that was spent in vain. I believe our program is beyond question the one program that is absolutely cost-effective. I believe that benefits derived from converting veterans to productive, taxpaying citizens by far outweighs the nonproductive veteran that remains a beneficiary of some social program. Since we convert veterans into givers rather than takers from our economy, our program should repay many times over the cost of our operation.

How can it be improved upon? There are several ways. We can begin by providing funds for the payment of contract mental health professionals, particularly in outlying areas that are remote from vet centers and VA medical centers. Since we recognize the effects of delayed stress now, we should review the negative effects of the VA laws that restrict the maximum utilization of veterans' educational payments, particularly the delimiting dates, the program change restriction among others.

We should take a close look at the vocational rehabilitation and consider linking job development and assistance to that overall process. We can make job development and placement a high priority in our program since the unemployment situation among Vietnam veterans is a dismal one at best. Black veteran unemployment is a national disgrace, and any efforts to improve our operations that does not address what is a problem of epidemic proportion with minorities would simply be unwise and counterproductive.

Last, we need the complete blessings of our Congress so that our morale will remain as high as our dedication so that we may be able to endure until our job is finished.

This completes my statement. Thank you very much.

Mr. DASCHLE. Mr. Chappell, I want to thank you for an excellent statement, presented with obvious expertise in your area, and certainly with confidence that I think is well deserved.

Mr. DASCHLE. Mr. Otto?

STATEMENT OF GEORGE OTTO, TEAM TECHNICIAN, ATLANTA, GA.

Mr. OTTO. My name is George Otto, and I am a volunteer combat veteran in Vietnam. My experience in working with veterans included not only working at the vet center but also working with the Southern Center for Military and Veterans' Rights, an organization, nonprofit corporation, which helped over 150 Vietnam-era veterans get their discharges upgraded.

I do not have, at this time, a prepared testimony because my statement is based upon statistical data concerning the Atlanta vet center which, for reasons beyond the control of the center, are not available at this time. When I do get this data, I will send it to you and include with that data my observations concerning the pro-

gram based on the data, along with some recommendations for some changes in the program.

If you have any questions about my experiences at the vet center or any observations that I have right now, I will be more than happy to answer them for you.

Mr. DASCHLE. Well, thank you. I appreciate your willingness to send along the testimony. I would be very interested in getting that whenever you can find the appropriate time to do so.

Mr. McManus.

STATEMENT OF JERVIS McMANUS, TEAM TECHNICIAN, ATLANTA, GA.

Mr. MCMANUS. I am very possibly the luckiest person that you have ever seen. I have 21 years of military duty, 14 years with special forces. I am quite pleased for this opportunity to address you.

My efforts with the vet center are somewhat different than that of many others because it deals with the legal aspects of our efforts.

Mr. Chairman, members of the committee, fellow combatants, veterans, ladies, and gentlemen:

My association with the Vietnam war began in 1962 and ended in 1972. During that period of time, I completed three short tours, 6 months in duration, and two long tours 12 months in duration. Also, during that period of time approximately 3 million of us went to Vietnam and served at least one 12-month term.

Today, after the war has been officially ended, 6 years later, more than 60 percent of the Vietnam veterans that were married prior to going to Vietnam are divorced, and that divorce rate is 33 percent higher than the national average. Approximately 14 percent have remarried and divorced a second time, including me. And approximately 50 percent of all of the Vietnam-era veterans have been incarcerated at least once. Gentlemen, you are talking about 1½ million going into jail, with 22 percent or higher with long-term sentences of more than 1 year. Their charges include child support, aggravative assault, simple assault, wife beating, molestation, DUI's, petty theft, theft by taking, et cetera.

Therefore, my efforts in conjunction with the efforts of the vet center are centered around criminal justice and law enforcement.

I am a graduate of the Peace Officers College in California, a behavioral science specialist as a result of military training. I am a registered psychology technician for the State of Georgia; therefore, I feel very confident in the role I play for the vet center. I am a trained mediator for the Neighborhood Justice Center here in Atlanta where I mediate problems between strangers, business offices, families requiring legal assistance, filing lawsuits, criminal defenses, domestic problems, neighborhood problems, landlord/tenant problems, small claims over moneys and/or personal property, juvenile problems, all for vet families, which have been previously talked about, which I am quite pleased to be part of because we now have the extended capability to assist a veteran from corner to corner of the sovereign State of Georgia.

We have been successful, and this is something I would like to tell everybody. We have been successful in more than 50 percent of

our cases where corrective behavior was necessary. To respectfully cite a couple of instances where we feel that through our accessibility to the jails and prisons, de-tox wards, rehab facilities, and the courtrooms, we have better than a 50-percent cure rate in comparison to that of the probation, pardon and parole departments of this State. Their success rate on recidivists is approximately 15 percent. We are 35 percent better than those fellows, and I respectfully say that because I am a State probation officer, so they can't tell me that I don't know what I am talking about. As I speak of cure, I mean that the person is gainfully employed and is behaving as a law-abiding citizen.

In the case of the State of Georgia versus one of our clients who was previously mentioned by Mr. Lewis, this man was charged with aggravated assault and terroristic threats. The veteran barricaded himself in his home and, with more than six weapons, stood off the SWAT team in his home town of Athens, Ga., for more than 3 hours. Through the combined efforts of the courts and the vet center, I quote:

"It appears that the veteran has successfully completed rehabilitation therapy through the VA outreach program, and thus has completed his obligation to the Superior Court of Clark County. Very truly yours, B. Thomas Cook, Jr., Chief, Assistant District Attorney," and I think we ought to give ourselves a pat on the back.

In another case, a repeater with DUI's, the vet has met all of the requirements of the law and is now gainfully employed and enrolled in the Atlanta AA Association, and has assumed the responsibility of caring for his aged, nonambulatory father.

In one case a Vietnam vet who was plagued with the trauma of Vietnam, whom you met, beat his child to death. With the assistance of the courts and the vet center, the vet is now gainfully employed and has a very good grip on his emotions.

In several other cases, I have been allowed to visit with vets in city jails all across Georgia, from Augusta, Ga., to Savannah, Ga. For the most part, I have had a very warm reception by the administration of each facility. Needless to say, at some I was turned back. I have visited Georgia State Prison and corresponded with veteran inmates there. As a result of these efforts, one vet is now scheduled for another hearing where he was sentenced to 10 years for an act that appears to us at this time to be an act of self-defense. He shot a man.

Many of our vets are still having family problems, education problems, job placement problems, all of which, in many cases, end up in court or needing some kind of legal assistance. If ever there is a chance that legal assistance is established through Congress, I would be very pleased to be a part of that. Therefore, after hearing several Fulton County and Georgia State courts here in Atlanta as a probation officer and counselor for 1 year, I have been allowed to maintain a good relationship with the courts.

We have judges, solicitors, assistant district attorneys, lawyers, and clerks of the courts in several counties here in Georgia that are quite willingly aiding us and assisting us in our efforts in assisting a veteran in his legal matters. We have at our assistance a lawyer who is a Vietnam vet. This has been more than helpful in

our efforts. Therefore, I feel that, with the multiplicity of problems, to include legal problems that the Vietnam-era veterans are entertaining at this time, without the aid and assistance of the vet centers and all of its advisories, we, in my opinion, would be facing an emotional epidemic five times as costly as the operations of all of the vet centers across the United States.

This concludes my statement, Mr. Chairman.

Mr. DASCHLE. Mr. McManus, true to form of all of the prior witnesses, I am deeply moved by your statement and the eloquence with which it was presented and the obvious conviction with which it was spoken. Thank you.

I want to ask Mr. Chappell, first of all, in his statement he said that there is one way in which we can improve upon service, that we can provide funds for the payment of contract mental health professionals, particularly in outlying areas that are removed from vet centers and VA medical centers.

Mr. Casteel reminds me that section 612(a) of title 38 gives the VA that authority. What you seem to be telling me is that even though they have the authority, you don't have the funds.

Mr. CHAPPELL. That is about the size of it. We are not aware of any. I think in the legislation that created the outreach program, I think it also provided money for treatment by mental health professionals in outlying areas. We have never——

Mr. DASCHLE. You haven't seen it.

Mr. CHAPPELL [continuing]. In our operation we have never had access to that kind of money. We need it.

Mr. DASCHLE. I can assure you that we are going to find out why you aren't getting it. And if you aren't getting it, make a better effort to see that you get some. I am only speaking as one Member of Congress, but I think that sentiment is shared by a lot of Members, especially on the Veterans' Committee; that we wouldn't pass that legislation or feel the need for it, if it hadn't been presented as a need in the past, and obviously it has. And if it has, then you ought to be given the tools with which to deal with that need, and certainly you haven't been.

Let me ask a question of both Mr. Otto and Mr. Chappell. You get a range of needs presented to you, and we haven't had the opportunity this morning very much to address that need in agent orange that has gone for so long without being treated, without being recognized even, as a problem. What have you been telling veterans that may have been afflicted with agent orange?

What do you feel the worth of legislation we have passed in the House to be with regard to giving priority medical treatment to those veterans who may have been affected? How else would you improve upon that legislation if you could so do that?

Mr. CHAPPELL. I have thought about that some. But I believe from the evidence of those who have complaints centered around the issue, the current procedures haven't been attained through screening in the hospital program. I think that gets back to a lot of what has been made clear in statements submitted by a number of witnesses today: that many veterans still feel uncomfortable with the hospital being the source of their help.

Even with the simple examination that goes with the agent orange screening process, many veterans still feel that because of

the fact that they are at a hospital and dealing with the people with the attitude in the bureaucracy, that they are not getting a fair shake in that regard.

I think inasmuch as the vet centers, or as they are, with the level of credibility that they have established in the community, I think any issue that needs addressing, even the agent orange issue, if it can be handled and administrated somewhat at the vet center level, I think we would have more participants and people coming forward. I don't know if it is possible, but it seems the more appropriate way since veterans do frequent the centers. That is my feeling.

Mr. DASCHLE. Is agent orange discussed in rap sessions as a problem?

Mr. CHAPPELL. Yes; it is. We have a class on that. In fact, we have some here today who complain of agent orange exposures, and problems relating to it.

Mr. DASCHLE. Do they feel being given this presumptive treatment for the first time, do you think they will avail themselves of it if they can work through you in being given that service, or do you think we have an obstacle there that the legislation doesn't address?

Mr. CHAPPELL. I feel they would work through us and I think for the most part the veterans who actually go for the screening, initial exam now, go because they have actually been advised to by the vets and staff. We encourage this. I don't know of any other problems we would encounter in that regard. If they are still funded by the vet center process, that makes me a little worried.

But we do recommend the veterans avail themselves of the tests and at least get it documented. We don't now what final legislation will be on it, but I do hope that at some point in time it can be compensated for those conditions.

Mr. DASCHLE. Do you have anything to add to that, Mr. Otto?

Mr. OTTO. One of the main problems that we have in terms of dealing with the agent orange problem is the time period it takes to get an examination. The hospital is now scheduling appointments well into the month of August. It is very discouraging to encourage people to apply for an exam, and then have to turn around and tell them that, well, it is going to take a little bit of time for you to be examined.

Mr. DASCHLE. What is this? You mean a guy goes into the hospital right now and he has to wait 2 months to get screening?

FROM THE AUDIENCE. Longer. Six months.

Mr. DASCHLE. A guy has to wait 6 months——

FROM THE AUDIENCE. Just to be examined. By a physician's assistant.

Mr. DASCHLE. Tell me why. Why are you being told that you have to wait that long?

Mr. OTTO. One of the problems at the hospital is that they only examine two people a day.

Mr. DASCHLE. Why?

Mr. OTTO. They claim that they are understaffed.

Mr. DASCHLE. But does it take from morning until noon to examine one person——

FROM THE AUDIENCE. No.

Mr. OTTO. No; it is a process that in most cases takes less than an hour.

Mr. DASCHLE. That is exactly, I think, why veterans have this animosity toward the Veterans' Administration hospitals.

FROM THE AUDIENCE. True.

Mr. DASCHLE. They go in and they don't give the kind of understanding, obviously. And, you know, 6 months is ridiculous. It is sheer idiocy to have to wait that long for even the most fundamental recognition of a problem with agent orange.

I don't mean to give you a lecture about it, but it just to me is an incredible indictment, again, on the way in which Vietnam veterans are being treated in these hospitals. And I can understand the frustration that they must experience, being told that some time after Thanksgiving they can be treated. Or not even treated; but examined. That is ridiculous.

Mr. McManus, I want—well, let me ask one other question of the first two gentlemen. I just can't believe 6 months. Are you saying 6 months?

Mr. OTTO. No, I am not saying 6 months.

Mr. MCMANUS. I am saying 6 months because I am with the DAV. I have agent orange, and I have degenerative arthritis, they call it. And here in the last 2 weeks I went over one day and reported in at 3:30, and I got seen at 10 minutes to 10. And I submitted my request to be examined in October of last year, and I got examined on the 9th of February.

Mr. DASCHLE. Well, that is totally inexcusable. I wish I had the officials here to bring back, because I would certainly like to get their side of the reason for that delay.

Mr. MCMANUS. Their explanation is that they are understaffed. And since the 1st of January when the President started this halt on hiring, they have lost in the emergency room, they have lost 15, 14 people, I think that is what they told us, out of that segment of the hospital, and they have not been able to replace those 14 persons. Either they retired or transferred or quit, or whatever.

Mr. DASCHLE. Are these doctors that perform the examinations, or what?

Mr. MCMANUS. Well, the doctors actually in many instances work someplace else. Many of the doctors, especially in the emergency room, have other jobs. They work someplace else. Some of them work half-days.

Mr. DASCHLE. That is true. I can understand that. But you are being told that not only do you have to wait 6 months, but that when you finally get your appointment, you have an appointment at 3:30 and wait until 10.

Mr. MCMANUS. I went there for treatment.

Mr. DASCHLE. Who treated you? Was it a doctor, a physician's assistant, or what was it?

Mr. MCMANUS. I had hoped to see the doctor. We called that morning and they said, "Hey, be here at 3:30." As a member of the VA staff, a disabled veteran and retired person, I thought maybe I would have a little advantage over somebody. I fit into three different categories. I got there at 3:30 and the people that were there were doing the best they could, it appeared, and they just didn't get

to me. I had liquid draining off my knee, and it took about 30 minutes, I guess. And I sat there from 3:30 until 10 minutes to 10.

Mr. DASCHLE. That is incredible.

Mr. MCMANUS. But they say that they are understaffed.

Mr. DASCHLE. Well, I am sure they are understaffed, and I guess that is part of the problem. But you were told, veterans have been told as long as I have been around, that you are supposed to get medical care and treatment second to none.

FROM THE AUDIENCE. I thought you were supposed to get a job, too. They have turned me down twice in 2 weeks at the VA hospital and I was a combat medic in the service.

Mr. DASCHLE. Let me ask you a second question not related to the treatment you are getting at the hospital, or they are getting. It deals with the unemployment problem which was brought up in the audience.

The on-the-job training program, of course, is designed to assist you, to give you the tools you need to put people to work. Is it working?

Mr. CHAPPELL. We haven't had much success, not nearly as much as we would anticipate based on the level of hiring that is normally done through the programs. We have a lot of exposure with the program through the Urban League and some other on-the-job training programs here, but we have not been that successful with it. It has been a pretty poor picture at best.

Mr. OTTO. One of the main problems that we have is that for a lot of our veterans their delimiting date is running out, and employers are not willing to take on people for whom they have to pay minimum wages, because a veteran has the GI bill to carry him along.

Another problem, too, is that we have in our office, to the best of my knowledge, the most extensive list of union job-training programs in the city, and yet I have been told by the Georgia Department of Labor that there are approximately 180 more, but they refused to give me the names of those other programs.

As Willie pointed out in his testimony, we have not received very much cooperation from either the Georgia or U.S. Department of Labor in terms of helping Vietnam veterans get into job-training programs, which in my opinion is the most important problem facing the Vietnam veterans. They are unemployed time and time again because of lack of training.

A good example—he just pointed this out to me—in our job preparedness group we attempted in a very informal way to put a sign concerning availability of that group on the fourth floor of the Warren Peachtree Building. We were told we had to enter into consultation with the Georgia Commissioner of Labor. He, in turn, turned the matter over to the head of the hopital and we have never heard anything since.

To me, that doesn't seem to be an enormously difficult problem, but may well indicate a lack of desire to get involved with the problems of veterans. I can assure you that even though I don't have the statistics in front of me at this time, that unemployment has been, and will probably continue to be the most pressing problem facing the Vietnam-era veteran.

Mr. DASCHLE. Well, that certainly is our understanding. That is why the committee acted as it did to draft legislation, to give you another tool. I hope that this system works; that this new program that you will have, first of all, will be accepted in the Senate and signed into law by the President. But it may be that we will come back in a year or so and find out if it is working, because certainly you need that tool as one of the greatest resources on which to draw for help in putting people back to work.

I want to ask you, Mr. McManus, a final question: As you so well stated, there are many veterans that we didn't get to in time. Eighteen months ago didn't go far enough for some of these people, and now they are in prison. But certainly not without probably even more psychological, medical and drug problems that are not being treated, as I understand it.

How can we get to those people? What can we do? The Outreach Center certainly does its part for those who are there, but how would you answer that?

Mr. MCMANUS. I think we have here a unique situation, because they allow me to do this.

Mr. DASCHLE. You are going into the prisons now?

Mr. MCMANUS. Yes. It takes a little more time, but then my boss says, "OK, if you want to do it and think you can be successful in doing it, go ahead and see what you can do." I have been super lucky. I have been threatened a couple of times, but I guess they say you have to bring some to get some. Anyway, we go to jails, we go to detention halls, we go to prisons, and we are allowed through the convenience of the courthouses to look at the transcripts and the things that got the man in jail.

I have been allowed here lately to just sign a person out. I am a State volunteer probation officer and special deputy sheriff, and it is an asset to our unit to have a person who can do that. They don't envy me, I don't think. I don't think they would take——

Mr. OTTO. We are not as big as you are, Mac.

Mr. MCMANUS. They stand outside and watch and see if I am going to be able to get out. But we have just been super lucky in many cases. We have gotten judges to listen to situations, like the young man out in Athens. He was allowed to come to the vet center. There was this young man who was a constant repeater, DUI, and we got to working with him. I guess Willie and I kind of worked together. I have somewhat of a dogmatic approach and he is sort of a pacifist, and it worked, like a "Mutt and Jeff" approach. He tells them how it really is as far as verbal situation is concerned, and many times I have to invite one outside to get his attention.

But it works. So we don't mind doing it, as long as it works. I know that we are supposed to use therapeutic terms and courtroom jargon and stuff of this nature, but when you are dealing with a person that is functioning on a sixth, seventh, or eighth grade level, and just because he is 30 years old, you can't use that type of jargon. So they allow me to do that because they say I am highly proficient in the art of vulgarity. So if that is what they understand, we do it that way. Whatever it takes. If George can get the job done, he does it. If Dave can do the job, he does it. If we have to

call a doctor or if Willie can do it or if we have to pinch one's nose, we get it done.

A correction treatment specialist in the center would be a valuable asset. This person would have the access of the jails, the courts. He could sort of plea-bargain indirectly with the judges. I have been able to do it. I am not labeled as such, but I have been real lucky.

Mr. CHAPPELL. I think one of the things that has been most useful to us in working with the legal system is the fact that we have established some great credibility in the community as a whole. Both McManus and I served as probation officers for a lot of the veterans who have gone through the courts, that we have probated through that center, to give us an opportunity to work with them. The courts do it gladly. That is certainly a great tool to have when you know that a person is within reach, that he can be helped if we can simply get to him. That is one of the things we enjoy right now.

Mr. DASCHLE. Mr. Pete Wheeler, commissioner, Georgia Department of Veterans Service asked that he be allowed to submit a statement for inclusion in the hearing record, and it will be entered into the record.[1] I want to thank you all for coming. I sure appreciate your excellent statements and comments you have made before the committee this morning. Thank you.

Mr. MCMANUS. Thank you.

Mr. OTTO. Thank you.

Mr. CHAPPELL. Thank you.

Mr. DASCHLE. If there is no further business the subcommittee stands adjourned.

[Whereupon, at 1 p.m. the subcommittee adjourned subject to call of the Chair.]

[1] The statement of Mr. Wheeler appears on p. 62.

APPENDIX

PREPARED STATEMENT OF A. WENDELL MUSSER, M.D., CHIEF OF STAFF, VA. MEDICAL CENTER, ATLANTA

Mr. Chairman and Ladies and Gentleman:

It gives me great pleasure to appear before you to offer comments on the readjustment counseling program for Vietnam Veterans. The comments that I offer are my own personal observations, and beliefs based on our local Vietnam Outreach Program, and my own reflections concerning the Veterans' Administration and the health care program for all veterans of the United States.

Most likely our present American benefits in the medical care program is based on an old English law entitled "Acte for the Reliefe of Souldiours". Clearly the old act was composed of two components: compassion as evidenced by "that such as have adventured and lost their limb or disabled their bodies should, at their return, be relieved, and reap the fruit of their just deservings" and practicality as evidenced "that others may be encouraged to perform like endeavors". These excerpts from that old act exemplify the driving energy and force behind our efforts in establishing an operating readjustment counseling program for Vietnam veterans.

The Veterans' Administration has a long history and tradition in establishing outreach programs in an effort to create an interface by which the individuals could take advantage of their just benefits. The readjustment counseling programs for veterans of the Vietnam Era was established by Public Law 96-22 signed on June 13, 1979. One of the original Circulars to our various Medical Centers states "this program of readjustment counseling will be called 'Operation Outreach' ". The original goal was to estabish an outreach program to assist those veterans who had failed to make adequate socio-psychological adjustment and re-entry into civilian life. The objective was to assist these veterans in overcoming this mild adjustment by (a) utilizing their veteran benefits (b) utilizing existing VA facilities and (c) providing counseling to overcome socio-psychological programs. It is our opinion that several of these Vet Centers have been very successful in fulfilling all of the above goals. It is my considered opinion that utilization of one of these goals at the exclusion of the other two goals is a mistake and will not do the Vietnam veteran his just due. To us here in Atlanta the Vet Center is an integral and vital part of the health care delivery system; and although we keep the profile of the Veterans' Administration rather low because of real or perceived antagonism toward the Veterans' Administration, the Vet Center is still a portion of the Department of Medicine and Surgery of the Veterans' Administration and its budget is a portion of that of the Department of Medicine and Surgery. We are exceptionally proud of the record of our local Atlanta Vet Center in reaching out the hand of help to the Vietnam veteran of our area. In a short while we will be introducing or in fact we are in the process of introducing an extension of our Vet Center program here by offering a mobile component of our Vet Center. This mobile component is to assist the Vietnam Era veteran and/or their families residing outside the Atlanta Metro area, but within the state of Georgia, to make effective readjustment to civilian life through counseling and/or referral to peer counseling groups and/or other community resources or to the local VA Medical Center. Whatever best fits the needs of the veteran patient.

Our Vet Center reports directly to the Chief of Staff who makes periodic vists to the Vet Center where he is briefed and kept up-to-date. Since the Vet Center is a part of our medical program we think it is critical to the operation of the program that appropriate selection and referral of patients to the VA Medical Center from the Vet Center occur. The Outreach Team Leader of our Vet Center attends periodic meetings at the Medical Center so he is kept familiar with the services and progams that are available at the VA Medical Center. The entire staff are kept well informed and are familiar with the services and programs available at the VA Medical Center. When it has been decided that the Vietnam veteran needs to be referred to the Medical Center, a consultation is submitted to one of the professionals at the Center who serves as a point of contact between the Vet Center and VA

60

Medical Center. The referrals are accepted with no regard for priorities in that everyone will be seen without further question and will be given a proper professional evaluation. After the veteran has been seen, if further services are indicated the veteran will then enter the appropriate program in the Medical Center. If there are indications that the veteran may need hospitalization, he will be seen as quickly as possible by a Staff Psychiatrist for evaluation and final disposition. If the veteran is ill and in need of hospitalization, he will be admitted directly if that is appropriate. Should the findings indicate that the veteran may need one of the day programs such as the Day Hospital or Day Treatment he will be referred to the psychiatrist in charge of that program. Should the findings indicate that the patient may need additional outpatient treatment, he will be referred to the Mental Health Clinic. Inpatient admissions are equally applicable to any other unit within the hospital. Our Medical Center emphasizes that our approach will precisely focus on providing full and needed professional evaluation with appropriate recommendations and plans. It is our considered opinion for the program to work well we just depend upon the expertise and discussion of the staff at the Vet Center to properly refer patients to the VA Medical Center. Personally, as the Chief Medical Officer of the local institution I am specifically pleased about the responsiveness of the staff of the Vet Center in identifying those individuals who need to be referred immediately to the Medical Center. Those who are not referred are handled locally in the Vet Center. These encounters constitute counseling sessions and advice along social-economic lines.

It is our opinion that success in this program will only be measured in how well we work ourselves out of the business in the next few years. It is our opinion that the need for this program is time limited and that efficiency and appropriate care to the veteran will be brought about as we succeed and as we are able to integrate this program into the VA Medical Center activities. As the organizational reform and development of planning activities of the present Chief Medical Director, Dr. Donald Custis, are established, it would appear that the needs of the Vietnam veteran in this area will become an integral part of that activity. Our policy is to come about with decisions of considerable scope and importance to the Vietnam veteran under the authority given to us by the United States Congress and by the constraints of the resources available. Therefore, with abiding concern for the needs of all American veterans, it is our intention to develop as much as possible a full and integrated program of medical benefits to all American veterans. We feel the Vet Center is a fine example of this kind of program. Thank you very much for listening to my comments.

PREPARED STATEMENT OF DAVID J. LEWIS, TEAM LEADER, VET CENTER, ATLANTA, GA.

Gentlemen, thank you for inviting me here to testify regarding the status of the Vietnam era veterans readjustment counseling program. Let me introduce myself. I am a licensed clinical social worker who served in the Army for four years from September of 1966 through June of 1970. My first year I served at Fort Benning, Georgia and my remaining three years I served in Okinawa. Okinawa was the first line medical and psychiatric evacuation site from Vietnam. Therefore, I had much experience in dealing with the trauma of Vietnam during the height of the war. Okinawa was also the staging area for the Marines and Special Forces units. I was chief of the Social Work Services during my tour of duty in Okinawa and as such played a prominent role in the development of programs offered to the soldiers there. Upon release from active duty I served one year with a local community based organization and then began working for the VA Medical Center here in Atlanta. I was the social worker in a new and innovative Day Hospital Program. With hindsight, I would say we in the VA system did not understand the special problems of the Vietnam veteran and seldom dealt effectively with the traumas men in Vietnam faced. This was due to ignorance of the problems these men were having and also the lack of training about the specific needs of Vietnam veterans. Few mental health professionals understood these problems at that time. We saw veterans in our program; quite often the treatment focus, although good, was in very traditional manners and did not get at the specific disorders that Vietnam veterans faced. Most Vietnam veterans seen in our vet center program have an underlying and basic mistrust of any administrative, bureaucratic system stemming from their Vietnam experience. In my opinion this keeps most Vietnam veterans away from VA medical centers. I have heard many veterans state they would prefer to stay away and receive no treatment than wait in line all day and be treated as a number. Gentlemen, I feel the unique quality we can offer in our vet center is a non-traditional and relaxing counseling center where a person can be seen by a

fellow Vietnam era veteran counselor in less than 15 minutes from entering the center.

Let me give you some background about the Atlanta Vet Center. We officially opened in January of 1980 and were the fourth vet center to open in the United States. We are the busiest, as well as the most cost effective, vet center in the southeast region and stand very high among all vet centers. Since our program opened we have served over 1,800 individual Vietnam era veterans in a variety of ways. This includes individual, group, couples and family counseling. We have also been involved in job development and placement as well as counseling in other areas of interest to Vietnam era veterans. We have had approximately 12,000 interviews during this period and receive over 100 phone calls per day into our center. We are in the process of developing a mobile vet center that will travel to other major metropolitan areas of Georgia.

During the year and a half our program has been open and working efficiently, we have worked out excellent relationships with the community and with the media. The community views our agency as a very necessary and professional agency to handle the many problems of the Vietnam veterans they encounter. We frequently receive requests for training in understanding Vietnam veterans. We perform two to three professional workshops monthly. The media in our city and State also view the vet center as a very responsive and responsible advocate for Vietnam veterans. We have probably had well over 100 newspaper, TV, magazine and radio interviews including CBS News and Time Magazine.

We have also been involved in establishing a community based organization for Vietnam era veterans that can have the capability of offering some services if and when this program ends.

Gentlemen, in order to effectively emphasize how our program works let me give you an example of one case that I personally worked while a member of the Atlanta Vet Center. Approximately six to eight months ago I received a call from a frantic wife in Athens, Georgia. Her husband had recently been arrested for shooting up a neighborhood and holding a SWAT team at bay for approximately four hours. She had tried to get help in many places, but felt that people had been unresponsive and unknowledgeable about the problem her husband was having. Jim was a former helicopter pilot in Vietnam and as such flew over 600 combat missions. Upon returning from Vietnam he tried to go to school under the G! Bill. One statement he made that sticks out in my mind was that when he was enrolled in one of his initial classes, one of the professors found out he was in the Vietnam war and asked him if he received a book for every person he killed. The problems Jim faced did not end there. Every time he put down on an application he was a Vietnam veteran he was refused a job. Finally, the only way he got a job was to deny being a veteran. His first marriage ended in divorce. Jim was drinking heavily but was able to land a good job with the Federal government and to remarry. For approximately 13 years his life went on in that manner with occasional bursts of anger and mild acting out. Jim was an avid gun collector and one of his guns was an M1 Carbine. He took great pleasure in emptying the clip into the woods. While drinking, and under particularly high stress levels, he began to express his depression and Vietnam-related rage by shooting up his home and the neighborhood, leading to the SWAT team's involvement. Luckily, several members of this team were Vietnam veterans and knew what Jim was going through. Jim was arrested and spent several days in jail before being sent to a state mental institution. It was at this point that his wife called me for help. Jim was released to our program since one of the psychiatrists in the hospital had attended a workshop we had put on several months before and understood some of the problems Jim was facing. Jim and his wife became active members in the Thursday night rap group at the Vet Center. They recruited other couples to attend our rap group from their home 75 miles away from Atlanta. They decided they would start a self-help group and through our help and support they were able to accomplish this. Jim was recently taken off probation and received a letter from the judge praising him and the Atlanta Vet Center for his self-improvement. Jim is living proof of the value of the effectiveness of the Vet Center treatment approach and of the value of our work in educating the mental health community. Gentlemen, there are many more Vietnam veterans suffering like Jim. We can help them.

Gentlemen, I want to thank you for the opportunity to appear before you and I hope in some small way this will help to keep the effective, efficient, vitally necessary Vet Center program alive. Thank you.

PREPARED STATEMENT OF GREGORY J. HAAG, DIRECTOR, VA MEDICAL CENTER, NEW ORLEANS, LA.

I am pleased to be able to submit my statement to the Subcommittee on Hospitals and Health Care concerning the Readjustment Counseling Program for Vietnam Veterans.

I assumed the Directorship of the New Orleans VA Medical Center on April 14, 1980. The Vet Center in New Orleans was dedicated on April 18, 1980. I attended the dedication and was very pleasantly surprised at the enthusiasm the Vet Center was receiving from the community. I was also somewhat skeptical about the success of the Vet Center since my previous experience with a Vet Center was less than satisfactory.

At the dedication ceremonies I talked with a number of Vietnam veterans, all of whom were enthusiastic and pleased that the facility was being made available to them. I also met a young lady whose husband was having considerable problems in his adjustment to civilian life. She felt that this was the first concerted effort by the Administration to address the Vietnam era veterans' problems. As it turned out within this past year, this lady's husband has received a considerable amount of care through the VA Medical Center that I am sure he would not have sought had it not been for the Vet Center.

As indicated before, my skepticism was the result of my previous experience with the Vet Center which tended to alienate the hospital staff against their Vet Center by making derogatory statements and creating a barrier between the Vet Center and the Medical Center. This has not been the case in New Orleans. There has been, from the first day, a very close relationship with the Vet Center. The hospital staff is well aware of the need and the benefit the Vet Center provides for Vietnam era veterans. Cases referred from the Vet Center are handled on an individual basis. They are many times walked through the procedures. These procedures are what the veterans perceived as being a hassle. In actuality they are not that much of a hassle after all. I realize the fact that there are inconveniences, such as, writing periods, forms, lines, questioning, etc., that do exist in most VA Medical Centers. However, most of this is for the purpose of safeguarding the system so that the resources that are available for veterans' care is provided for the truly eligible veterans. However, I believe many of our veterans perceive these as unnecessary hassles and consequently are turned off and no dot make an attempt to avail themselves of the services that they need.

The Vet Centers, working closely with the VA Medical Centers, as the one in New Orleans, provide the stepping stone for the Vietnam veterans to receive these services.

The Vet Center in New Orleans has received numerous accolades from private citizens, as well as City Government Officials, for the fine work they are doing. The Medical Center received four FTEE for the staffing of that facility. The Medical Center has provided one additional FTEE this past year. This is indicative of the value that we place on this function.

I have indicated the case previously that I was personally involved with. I have attached three additional case histories of veterans that have been helped by the Vet Center, none of whom I am sure would have sought help through the normal procedures. The Vietnam era veterans helped by the Vet Centers by making available to them either medical, counseling, or rehabilitation services, which may make them a productive wage-earning, tax-paying citizen, is analogist to the benefits that have been attributed to the GI Bill education benefits. It has been proven many times that the tax paid on the additional income earned as a result of a veteran receiving additional benefits, is tenfold of the cost of those educational benefits. Likewise, the tangible benefit of putting a Vietnam era veteran into a productive life-style is way beyond the cost of operating these Vet Centers.

Again, thank you for the opportunity of presenting my views in support of the continuation of the Vet Centers.

CASE HISTORY

Veteran came in the Vet Center complaining about Agent Orange and the government. He said that he had gone to a private doctor and the doctor told him that he had arsenic poison in his hair and fingernails. He was a chemical specialist in the military and he was in daily contact with the herbicide.

He is suing the government for the exposure and the handling of Agent Orange. He refused to go to the VA Hospital because he felt that the VA and the government was working together and neither one of them would help him. He feels that if he goes to the VA Hospital they would lock him up because they feel he is crazy.

After coming to the Vet Center several times, I finally convinced him to go to the VA with me to the Mental Health Evaluation Clinic to see a doctor. He was seen and given medication for his nerves. He then began to go regularly on scheduled visits. He was later admitted to the VA for a claim that he had filed for a service connected disability for being sterile, which he says was caused by Agent Orange.

CASE HISTORY

Veteran is a 34 year old white male who initially contacted the Vet Center on May 13, 1980. At the time of this contact, vet was rated at 10 percent for a nerves condition. At the time of his military discharge he was given a 30 percent rating but his rating was subsequently decreased without any prior notice.

Vet was very depressed and angry on the initial visit. According to this veteran, he submitted a copy of his marriage license and related documents to the VARO in order to have his new wife and her two daughters listed as dependents; instead his rating was decreased. Veteran stated, "The VA "screwed" me like other Vietnam veterans; I don't trust the VA doctors nor the VA Regional Office".

A subsequent check of this veteran's medical history revealed he had consulted a private physician because of his fears of the VAMC. The private doctor's bills were in excess of $500.00 and the veteran had no source of income other than his 10 percent rating; consequently, the doctor refused to consult with him any further.

After some seven (7) visits between May 13, 1980 and July, 1980, the veteran finally agreed to seek help at the VAMC in order to have his claim reopened. Vet was seen at the VAMC, Mental Health Evaluation Clinic and it was recommended that he become involved in the Day Treatment Program on a daily basis with appropriate follow-up by the Vet Center

It was also during this period that the Center learned the VA denied his request for a higher SC disability. This veteran remained very hostile and angry with the VAMC, New Orleans. He did check into the Gulfport, VAMC for a three (3) day period; but he was dissatified at that facility and left against medical advice.

Further consultation with this veteran and his private physician resulted in the veteran becoming actively involved with the Day Treatment Program on a daily basis. In August, 1980, the VARO reevaluated the veteran's claim and he was awarded 40 percent service connected rating. Although, this veteran continues to have interpersonal problems; he remains in touch with the Vet Center. He will continue to need long term assistance to overcome his fellings toward the VA Medical Center and VA Regional Office as to improve his interpersonal relationships.

CASE HISTORY

This 39 year old black male initially contacted the Vet Center on 12/11/80. According to his military history, he served 6 years in the military. The present problems were that of interpersonal relationships, bad dreams, flashbacks of Vietnam, anxiety fears, and alcohol abuse. After consultation with veteran, it was recommended that he report to the VA Medical Center for an examination due to some obvious physical problems.

Veteran agreed to go to the VAMC; however, he needed to take his car home first. Vet departed the Vet Center but failed to keep his appointment at VAMC.

On 12/17/80, vet contacted the Vet Center again with similar complaints to his 12/11/80 visit; again vet was referred to VAMC which he failed to keep. Vet contacted the Vet Center again on 12/18/80 complaining of drinking and not being able to sleep. He was referred to VAMC alcohol treatment program to no avail.

On 1/2/81, vet called the Center wanting to go to the Alcohol treatment program. He wanted a New Orleans police ambulance to come pick him up from his home. Vet was advised to get to the VAMC as soon as possible.

On 1/9/81—veterans' girlfriend called to say, he was threatening her and that she called the police for him. Veteran still had not made any contact with VAMC.

On 5/6/81, the veteran contacted the Vet Center at approximately 8:00 am. According to the vet, he had taken some pills of unknown name, strength and quantity about 5:00 am. He was crying and stated "I need help, I want to kill myself". Vet was asked to come to the Vet Center but stated, "I'm dizzy and have no transportation".

Vet was asked his address, he gave the information according to the address listed in Vet Center's records'; however, he requested not to have the police sent to his home. The vet was asked whether he would come to the Medical Center if transportation was made available, he agreed that he would come into the Medical Center.

At this point, one of the staff members was put in contact with the Vet while the Team Leader departed for his residence. After arriving at vet's home he asked the

Team Leader in and wanted to know why he was having nightmares and had I ever killed anyone? Vet stated "I have killed by orders while in Vietnam and I do not know why". After further discussion, Vet agreed to accompany me to VAMC.

We arrived at VAMC at approximately 10:00 AM, he was quickly processed and taken to the emergency room where he received medical attention from approximately 10:30 AM to near 9:00 PM. While at vet's house he showed me the pills he had taken; I took one to the Medical Center and it was identified as Tylenol. Vet had also consumed a large quantity of beer during the early morning hours.

Vet was admitted to 3E of VAMC at approximately 9:00 PM. He refused to take some prescribed medication; however he appears to be resting comfortably as of May 7, 1981, 12:00 noon. Will continue to follow veteran as indicated.

Vet was subsequently discharged from VAMC 3 days later. He was scheduled to return to work and to obtain follow-up care at a local mental health clinic with supportive conseling from the Vet Center. A follow-up letter was mailed to vet on 5/28/81, however he has not respond to date.

STATEMENT OF PETE WHEELER, COMMISSIONER, GEORGIA DEPARTMENT OF VETERANS SERVICE

Mr. Chairman and members of the subcommittee:

I appreciate the opportunity to come before you today.

Mr. Chairman, Public Law 96-22, signed into law on June 13, 1979, created the "Readjustment Counseling Program for Veterans of the Vietnam Era." Many have referred to this program as "Operation Outreach."

It was just a year and a half ago that I attended the formal dedication of the Vietnam veteran Outreach program on Fourteenth Street, here in Atlanta. This was one of the 91 storefront operations known as "Vet Centers."

The purpose of this Vet Center was to reach the Vietnam veteran in our state for the purpose of readjustment, and counseling for those outside the medical framework of the Veterans Administration.

The Atlanta Vet Center has established very successful programs which consist of individual counseling, group counseling for veterans and a family counseling unit.

We were informed at the beginning of this program that the life span initially was for two years with the third year devoted to phasing out the program. We believe that the program has been very successful in spite of the federal hiring freeze and the freeze on the acquisition of furniture and equipment.

We believe that in spite of the many obstacles imposed on this program, it has been successful.

I have talked to many Vietnam veterans and members of their families who feel that this program has been of great benefit to them in readjusting their lives. I know of many examples of veterans who have personnally benefited from the activities at the Atlanta Veterans Outreach Center.

I want to recommend that this program be adequately financed whereby they can improve their services and continue to serve our Vietnam veterans.

We commend all of those who have worked in this program to assist our Vietnam veterans and urge you to give them the support they need to continue this worthwhile program.

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READJUSTMENT COUNSELING PROGRAMS FOR VIETNAM VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

JUNE 15, 1981

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CONTENTS

JUNE 15, 1981

WITNESSES

	Page
Nix, Billy J., national service officer, Outreach Coordinator, Disabled American Veterans	1
Prepared statement of Mr. Nix	8
Ballew, Nelson, service officer, Department of Georgia, VFW	4
Prepared statement of Mr. Ballew	12
Dunagan, L. C., department commander, The American Legion	5
Prepared statement of Mr. Dunagan	14

READJUSTMENT COUNSELING PROGRAMS FOR VIETNAM-ERA VETERANS

MONDAY, JUNE 15, 1981

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

[NOTE: The following testimony inadvertently was omitted at the time of publication of part I, hearing before the Subcommittee on Hospitals and Health Care of the Committee on Veterans' Affairs held at 10:30 a.m., June 15, 1981, in Atlanta, Ga., Hon. Thomas A. Daschle presiding.]

Mr. DASCHLE. Our last panel is that panel made up of the service organizations, Disabled American Veterans, VFW, The American Legion, and Amvets. I invite them to come forward at this time.

As they are coming up, I would excuse myself for just a moment, but I would invite Mr. Nix to begin.

STATEMENT OF BILLY J. NIX, NATIONAL SERVICE OFFICER, OUTREACH COORDINATOR, DISABLED AMERICAN VETERANS

Mr. NIX. Thank you, sir.

Gentlemen, I would like to thank you for inviting me to testify regarding the continuing need and effectiveness of the Vietnam-era veteran readjustment counseling program.

First, let me introduce myself. I am a U.S. Army combat veteran who was wounded in April 1970, and after 13 months of hospitalization, I was medically retired. Since my discharge from the military, I have been employed as a national service officer of the Disabled American Veterans.

In February 1979, I was assigned new duties which required my setting up an outreach office for the DAV in Atlanta, Ga. Approximately 1 year later, we co-located with the Atlanta Vet Center to consolidate our efforts and better serve our clients. During the last 9 years, I have had daily contact with Vietnam veterans who were suffering war neurosis as a result of their combat experiences. Only during the last 1½ to 2 years has any private or Federal agency truly addressed the specific needs of Vietnam veterans.

Mr. Chairman, let me look at what is occurring now in the lives of these Vietnam veterans. I believe it is important for us to review the way our Nation chose to involve the 8.5 million men and women of the Vietnam era, 2.8 million of whom served in Vietnam in this conflict. In doing so, we will be able to address this question.

First, we took very young individuals, average age 19.2, out of high school and sent them to fight in a very unpopular war—a controversial guerrilla war far away from their home. We exposed them to a high level of intensely stressful events, some so horrible that these veterans could not talk about them to anyone else except those who fought and survived with them. We limited their tour of duty to 12 months, for some Marines 13 months, and flew them to the war zone singly—not with a unit that would have provided them with the emotional and moral support they needed for each other. With the 1-year tour, we created the "survival mentality syndrome" which caused these individuals to not commit themselves to winning the war and seeing it as a noble cause.

We then decided to return the veterans to their country the same way they left. They returned singly and were home watching the war on the 6 o'clock news within a 72-hour period. Because of the way they returned, they were given no time to sort out the meaning of their experiences with their fellow veterans. We provided no time for decompression or deprograming. They had no readjustment counseling programs established for them. There were no homecoming welcomes or victory parades.

What these Vietnam veterans faced when they came home was a country which viewed them, due largely to the media, as "drug-crazed killers"—individuals who apparently had no morals or control over their aggressive feelings. This stereotype of Vietnam veterans, coupled with their young age upon return, made it difficult for them to establish their identity as individuals and to find a niche in our society. These Vietnam veterans felt alienated from their own generation.

Finally, we see the Vietnam veteran returning to a courtry that was being torn apart by its involvement in this conflict. Vietnam veterans came back to a society that had no supportive system for them or their family members. This lack of support was exemplified by nearly all mental health professionals, including those within VA medical centers.

Mr. Chairman, is it any wonder that the psychological scars of Vietnam veterans are still tender? Is it any wonder that so many of these veterans have clammed up, keeping all their feelings about their military service buried within themselves, telling no one—not even their families—what it was like.

Psychologists working with our Vietnam veterans outreach program believe that one of the first steps toward readjustment is for these veterans to find an outlet for their feelings about Vietnam. Can we honestly say that the "conventional" VA medical system is the outlet that can best serve these veterans? I believe the answer is an emphatic no. VA medical centers are drastically understaffed now, and with additional budget cuts will suffer even further critical reductions. The VA also operates on an entitlement process, a process that would automatically prevent many of these Vietnam veterans from obtaining assistance.

We strongly believe that the outlet for these Vietnam veterans and their families primarily depends upon the continued existence of the VA operation outreach program with its 91 vet centers, as well as the DAV's own outreach program.

Mr. Chairman, I believe it is evident that these programs are working. The Vet Centers have met with a high degree of success. This "nontraditional" VA program has given the Vietnam veteran a new and refreshing outlook on the "system." It has restored his faith in a system which, in the past, had been unresponsive to his needs. To end this program now would only reestablish negative attitudes held before the program was implemented.

Mr. Chairman, recently the Center for Policy Research in New York completed its $2 million study for the VA on the effects the Vietnam conflict had on those who were involved in it. It is interesting to note that the research revealed: "The soldiers who carried the brunt of the battle have become the veterans who, more than most of their fellow-citizens, feel the urgency of finding meaning in the sacrifices of the war years." In recognition of this fact, the Center for Policy Research suggested initiatives to:

1. Establish a national commitment to support ongoing efforts among Vietnam veterans to work through war experiences;
2. Recognize and address the social basis for Vietnam veteran's predicaments;
3. Provide adequate training and supervision for peer counselors in current Outreach efforts;
4. Support ongoing basic research and professional development to deepen the knowledge and expertise available on human responses to massive trauma;
5. Develop innovative service delivery models to accord with a variation in lifestyle of veterans in need of assistance;
6. Institute retraining programs to assist all military personnel who return to civilian life.

Mr. Chairman, these findings are definite indications that the VA's Operation Outreach program needs to continue and, I would suggest, needs to be intensified.

Mr. Chairman, we have just begun to witness the positive results of these Outreach programs. As I stated earlier, the Vet Centers have proven to be highly successful in assisting these veterans and their families. It has brought a new image to the VA, one that must not be curtailed at this time.

This completes my statement, Mr. Chairman. Again, thank you very much for giving me the opportunity to present our views on this important subject.

Mr. DASCHLE. Mr. Nix, we want to thank you very much for an excellent statement and, I might add, certainly without prejudice to the other groups, that the DAV certainly needs to be commended for the work that they have done, the leadership and dynamics in bringing about what we see today as an outreach program. Certainly you, personally, and the leadership in the DAV, are largely responsible for what success we have had.

[The prepared statement of Mr. Nix appears on p. 8.]

Mr. DASCHLE. Mr. Nelson Ballew is a service officer with the VFW.

Mr. Ballew, we are delighted to have you. VFW, too, shares part of the limelight in taking its plaudits for the effort, and we are glad to have you. Please proceed with your testimony.

STATEMENT OF NELSON E. BALLEW, DEPARTMENT SERVICE OFFICER, DEPARTMENT OF GEORGIA, VFW

Mr. BALLEW. Thank you for inviting me here today to present the views of the more than 23,000 members of the Department of Georgia, VFW, with respect to the readjustment counseling program for Vietnam-era veterans.

Mr. Chairman, as you are aware, H.R. 3499, the Veterans Health Care Act of 1981, was passed by the House of Representatives on June 2, 1981. This act provides that Vet Centers will remain open until September 30, 1984. We applaud this action, and we sincerely hope that the Senate will agree to the House action quickly.

As you are also aware, Mr. Chairman, a member of our national legislative staff presented testimony on this subject before this subcommittee, of which you are a member, on April 8, 1981. In that testimony, we indicated our belief that this program has been fully justified by its success in accomplishing its mission in spite of the personnel freezes and budget problems it has endured. We also stated that any assessment as to its worthiness at this time would be premature. Some centers have been open for as short a time as 60 days.

The Vet Center here in Atlanta has done its job well. Despite early misgivings about this program and the center here, it has helped numerous Vietnam-era veterans to overcome readjustment problems they have encountered. We have assisted many of these veterans with claims actions as well as in other ways. We do not believe our Vet Center should be closed.

Mr. Chairman, we want to raise our concern with you on another matter about Vet Centers as well. Our Washington office recently advised us that when the Senate Committee on Veterans' Affairs was considering S. 921 in a markup session, the chairman included language in that measure which would restrict the use of Outreach centers for Vietnam veterans suffering readjustment problems to those veterans entitled to the Vietnam Service Medal. We understand that Senator Cranston, the ranking minority member of the committee, introduced an amendment, which carried by a vote of 8 to 4, to retain the language currently in law: that readjustment counseling would be available to all Vietnam-era veterans.

It appears to us that a proposal like this would establish a precedent to grant different benefits to wartime veterans based on the location of where they served, and not, as has historically been the case, on the fact they served honorably. We believe this would deal a serious blow to other veterans' benefit programs if any proposal like this is allowed to succeed. Our purpose in bringing this to your attention today is to ask your assistance in seeing that a precedent like this would not succeed, because it is not the first time such a proposal has been offered.

In conclusion, we believe the readjustment counseling program should be kept in place, and we believe it is accomplishing its mission here in Atlanta.

Mr. Chairman, we appreciate your interest in the veterans of Georgia by holding this hearing. I would be happy to attempt answering any questions you may have at this time.

Mr. Chairman, I also have a written statement submitted by our commissioner of the Georgia Department of Veterans Service, Mr. Wheeler, which I would like to present for the hearing.

Mr. DASCHLE. It will be so inserted.

[Mr. Wheeler's prepared statement appears in Vol. I.]

Mr. BALLEW. Thank you.

Mr. DASCHLE. We thank you for your statement. I emphatically agree with your emphasis for the need not to differentiate between service. I think we would be opening a serious division that need no exist between veterans of that era.

[The prepared statement of Mr. Ballew appears on p. 12.]

Mr. DASCHLE. Our last witness, and certainly by no means the least in regard to who he represents and what he has to say, is Mr. Dunagan, commander of the American Legion, Department of Georgia.

We apologize for this long delay in bringing you before the subcommittee. We are glad you are here and I invite you to proceed.

STATEMENT OF L. C. DUNAGAN, COMMANDER, THE AMERICAN LEGION, DEPARTMENT OF GEORGIA

Mr. DUNAGAN. Mr. Chairman and members of the committee:

We welcome the opportunity to appear before this committee to express the views of The American Legion, Department of Georgia, on proposed extension of the Vietnam Veterans Outreach and Counseling program mandated by Public Law 96–22, the Veterans' Health Care Amendments of 1979.

We are aware that the committees of both Houses have considered the administration recommendation for expiration of this program with fiscal year 1981, and appear in general agreement that the program should be extended. We support these findings.

It must be said that The American Legion feels it is most unfortunate that the administration has targeted for extinction the single program that has been enacted to assist those Vietnam veterans who have had the most difficulty in readjusting from their military experience.

A large number of those benefiting from the services available at the Vet Centers are combat veterans suffering from post-traumatic stress disorder and other problems related to their service. In analyzing the reasons for which clients have visited Vet Centers seeking assistance, 16 definite problems have been classified. Examples are: Vocational; anxiety/fears; mental; education; alcohol/drugs; bad dreams/flashbacks; marital, and agent orange.

Mr. Chairman, our service officers have consulted with individuals involved in virtually every area of participation relating to Operation Outreach. We believe a thorough review will establish the fact that the Vietnam Vet Center program is viable and is accomplishing the purpose for which it was legislatively established. To effectively carry out its mission of direct assistance to combat veterans of the Vietnam war who have not successfully completed their readjustment, funding by the Congress is necessary.

We feel strongly that there should be provision of such funds as are necessary to effectively continue this program. Paragraph 1 of

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section 301 of S. 26 would amend section 612A of title 38 by providing a 2-year extension of the Vet Center program under Operation Outreach as established by Public Law 96–22.

The American Legion now has approximately 700,000 Vietnam-era veterans in its membership and has been in the forefront on the issue of agent orange. We continue to express serious concern for those veterans who were exposed to the defoliant in Vietnam. Our national commander, in special ceremonies March 56, presented the Legion's highest honor, the Distinguished Service Medal, to those missing and killed in action in Vietnam. We are unalterably opposed to the elimination of the Vet Center program.

The American Legion will continue to fight for a fair deal for every veteran. Ours is a just and honorable mission firmly rooted in America's pledge to care for those who shall have borne the battle, and for their widows and orphans.

Finally, Mr. Chairman, I, as American Legion spokesman in Georgia, feel a certain amount of reluctance on the part of the Legion to offer support to any particular segment of veterans when long-established Legion policy dictates support of benefits for all groups of veterans without discrimination for any particular group. However, we are opposed to elimination of any veterans benefit already granted and we heartily support extension of the Vietnam Vet Center program that has obviously proven helpful to so many deserving Vietnam veterans.

Thank you for the opportunity to present the views of The American Legion, Department of Georgia, before this committee.

[The prepared statement of Mr. Dunagan appears on p. 14.]

Mr. DASCHLE. Well, I want to thank you, each and every one, for your excellent testimony. The service organizations have been very supportive in the last year, and deserve a great deal of credit. I am grateful to you for coming today.

I have had the opportunity on various occasions to speak with, and question, representatives of the American Legion, VFW, the DAV, and I am very cognizant of your support and your ongoing effort to assist these people. It is fitting, I guess, that as we close out this hearing that your group would be so well represented in emphasizing again from your perspective the need that they have. So I want to thank you all for coming.

Is Mr. Burdine here? I hope I asked him to come up, but if he isn't he was also invited to testify. He is past national commander of AMVETS.

At this time, we will close out this hearing, but for those who are still here and for those witnesses who took the time to put forth, in my opinion, some of the most eloquent, dynamic. insightful testimony that I have had the opportunity to hear I know that I speak for the whole committee in expressing our sincere, very deep gratitude to them.

This job is not easy sometimes, because you don't have the opportunity when you sit on the Banking Committee or the Agriculture Committee or the Space Committee to understand and appreciate what we are trying to do, and in losing that appreciation, many times also you find that you lost the support that you need to get

the job done. So I am hoping that in various ways in the coming months we educate and bring people to the same compulsion that members of the Veterans' Committee have to carry this program out.

Senator Robert Kennedy said it best of all, and I have said this many times, but he said back in 1968, "So many times we see things as they are, and ask why. But, really, is it not better to dream of things as they might be and ask, why not?" That is our dream, to eliminate those problems that we have addressed this morning in various ways in the future.

Your efforts are to be commended in that regard. Thank you all for coming.

[Whereupon, at 2:25 p.m., the subcommittee adjourned, to reconvene at the call of the Chair.]

STATEMENT OF BILLY J. NIX
NATIONAL SERVICE OFFICER
OUTREACH COORDINATOR
DISABLED AMERICAN VETERANS
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
VETERANS AFFAIRS SUBCOMMITTEE
ON HOSPITAL AND HEALTH CARE
REGARDING THE READJUSTMENT
COUNSELING PROGRAM FOR VIETNAM ERA VETERANS

Gentlemen, I would like to thank you for inviting me to testify regarding the continuing need and effectiveness of the Vietnam Era veteran readjustment counseling program. First, let me introduce myself, I am a U.S. Army combat veteran who was wounded in April 1970 and after 13 months of hospitalization, I was medically retired. Since my discharge from the military, I have been employed as a National Service Officer of the Disabled American Veterans. In February 1979, I was assigned new duties which required my setting up an Outreach Office for the DAV in Atlanta. Approximately 1 year later, we co-located with the Atlanta Vet Center to consolidate our efforts and better serve our clients. During the last 9 years, I have had daily contact with Vietnam Veterans who were suffering war neurosis as a result of their combat experiences. Only during the last 1½-2 years has any private or federal agency truly addressed the specific needs of Vietnam Veterans.

Mr. Chairman, let me look at what is occuring now in the lives of these Vietnam Veterans! I believe it is important for us to review the way our Nation chose to involve the 8.5 million men and women of the Vietnam Era (2.8 million of whom served in Vietnam in this Conflict). In doing so we will be able to address this question.

First, we took very young individuals (average age 19.2) out of high school and sent them to fight in a very unpopular war--a controversial guerrilla war far away from their home. We exposed them to a high level of intensely stressful events, some so horrible that these veterans could not talk about them to anyone else except those who fought and survived with them. We limited their tour of duty to 12 months (for some Marines 13 months) and flew them to the war zone singly--not with a unit that would have provided them with the emotional and moral support they needed for each

other. With the one year tour we created the "survival mentality syndrome" which caused these individuals to not commit themselves to winning the war and seeing it as a noble cause.

We then decided to return the veterans to their country the same way they left. They returned singly and were home watching the war on the 6 o'clock news within a 72 hour period. Because of the way they returned, they were given no time to sort out the meaning of their experiences with their fellow veterans. We provided no time for decompression or deprogramming. They had no readjustment counseling programs established for them. There were no homecoming welcomes or victory parades.

What these Vietnam Veterans faced when they came home was a country which viewed them (due largely to the media) as "drug-crazed killers"--individuals who apparently had no morals or control over their aggressive feelings. This stereotype of Vietnam Veterans, coupled with their young age upon return, made it difficult for them to establish their identity as individuals and to find a niche in our society. These Vietnam Veterans felt alienated from their own generation.

Finally, we see the Vietnam Veteran returning to a Country that was being torn apart by its involvement in this Conflict. Vietnam Veterans came back to a society that had no supportive system for them or their family members. This lack of support was exemplified by nearly all mental health professionals, including those within VA Medical Centers.

Mr. Chairman, is it any wonder that the psychological scars of Vietnam Veterans are still tender? Is it any wonder that so many of these veterans have clammed up, keeping all their feelings about their military service buried within themselves, telling no one--not even their families--what it was like?

Psychologists working with our Vietnam Veterans Outreach Program believe that one of the first steps toward readjustment is for these veterans to find an outlet for their feelings about Vietnam. Can we honestly say that the "conventional" VA Medical

system is the outlet that can best serve these veterans? I believe the answer is an emphatic NO! VA Medical Centers are drastically understaffed now and with additional budget cuts, will suffer even further critical reductions. The VA also operates on an entitlement process. A process that would automatically prevent many of these Vietnam Veterans from obtaining assistance.

We strongly believe that the outlet for these Vietnam Veterans and their families primarily depends upon the continued existence of the VA Operation Outreach Program with its 91 Vet Centers, as well as the DAV's own Outreach Program.

Mr. Chairman, I believe it is evident that these programs are working. The Vet Centers have met with a high degree of success. This "non-traditional" VA Program has given the Vietnam Veteran a new and refreshing outlook on the "system." It has restored his faith in a system which, in the past, had been unresponsive to his needs. To end this program now would only reestablish negative attitudes held before the program was implemented.

Mr. Chairman, recently the Center for Policy Research in New York completed its $2 million study for the VA on the effects the Vietnam Conflict had on those who were involved in it. It is interesting to note that the research revealed, "The soldiers who carried the brunt of the battle have become the veterans who, more than most of their fellow citizens, feel the urgency of finding meaning in the sacrifices of the war years." In recognition of this fact, the Center for Policy Research suggested initiatives to:

1. Establish a national commitment to support ongoing efforts among-Vietnam Veterans to work through war experiences;
2. Recognize and address the social basis for Vietnam Veterans predicaments;
3. Provide adequate training and supervision for peer counselors in current outreach efforts;
4. Support ongoing basic research and professional development to deepen the knowledge and expertise available on human responses to massive trauma:
5. Develop innovative service delivery models to accord with a variation inlife style of veterans in need of assistance;
6. Institute retraining programs to assist all military personnel who return to civilian life.

Mr. Chairman, these findings are definite indications that the VA's Operation Outreach Program needs to continue and, I would suggest, needs to be intensified!

Mr. Chairman, we have just begun to witness the positive results of these Outreach Programs. As I stated earlier--the Vet Centers have proven to be highly successful in assisting these veterans and their families. It has brought a new image to the VA, one that must not be curtailed at this time.

This completes my statement, Mr. Chairman. Again, thank you very much for giving me the opportunity to present our views on this important subject.

STATEMENT OF

NELSON E. BALLEW
DEPARTMENT SERVICE OFFICER
DEPARTMENT OF GEORGIA
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

FIELD HEARING OF THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

THE READJUSTMENT COUNSELING PROGRAM FOR
VIETNAM-ERA VETERANS

ATLANTA, GEORGIA JUNE 15, 1981

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

Thank you for inviting me here today to present the views of the more than 23,000 members of the Department of Georgia, V.F.W., with respect to the Readjustment Counseling Program for Vietnam-era veterans.

Mr. Chairman, as you are aware, H.R. 3499, the "Veterans' Health Care Act of 1981," was passed by the House of Representatives on June 2, 1981. This act provides that "Vet Centers" will remain open until September 30, 1984. We applaud this action, and we sincerely hope that the Senate will agree to the House action quickly.

As you are also aware, Mr. Chairman, a member of our National Legislative staff presented testimony on this subject before this Subcommittee, of which you are a member, on April 8, 1981. In that testimony we indicated our belief that this program has been fully justified by its success in accomplishing its mission in spite of the personnel freezes and budget problems it has endured. We also stated that any assessment as to its worthiness at this time would be premature--some centers have been open for as short a time as sixty days.

The Vet Center here in Atlanta has done its job well. Despite early misgivings about this program and the center here, it has helped numerous Vietnam-era veterans to overcome readjustment problems they have encountered. We have assisted many of these veterans with claims actions as well as in other ways. We do not believe our Vet Center should be closed.

Mr. Chairman, we want to raise our concern with you on another matter about Vet Centers as well. Our Washington Office recently advised us that when the Senate Committee on Veterans' Affairs was considering S. 921 in a mark-up session, the Chairman included language in that measure which would restrict the use of Outreach Centers for Vietnam veterans suffering readjustment problems to those veterans entitled to the Vietnam Service Medal. We understand that Senator Cranston, the Ranking Minority Member of the Committee, introduced an amendment, which carried by a vote of 8 to 4, to retain the language currently in law: that readjustment counseling would be available to all Vietnam-era veterans. It appears to us that a proposal like this would establish a precedent to grant different benefits to wartime veterans based on the location of where they served and not, as has historically been the case, on the fact they served honorably. We believe this would deal a serious blow to other veterans benefit programs if any proposal like this is allowed to succeed. Our purpose in bringing this to your attention today is to ask your assistance in seeing that a precedent like this would not succeed, because it is not the first time such a proposal has been offered.

In conclusion, we believe the readjustment counseling program should be kept in place, and we believe it is accomplishing its mission here in Atlanta.

Mr. Chairman, we appreciate your interest in the veterans of Georgia by holding this hearing. I would be happy to attempt answering any questions you may have at this time.

PREPARED STATEMENT OF L. C. DUNAGAN, COMMANDER, THE AMERICAN LEGION, DEPARTMENT OF GEORGIA

Mr. Chairman and Members of the Committee:

We welcome the opportunity to appear before this Committee to express the views of The American Legion, Department of Georgia, on proposed extension of the Vietnam Veterans Outreach and Counseling Program mandated by Public Law 96-22, the Veterans Health Care Amendments of 1979.

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It must be said that The American Legion feels it is most unfortunate that the Administration has targeted for extinction the single program that has been enacted to assist those Vietnam veterans who have had the most difficulty in readjusting from their military experience.

A large number of those benefiting from the services available at the Vet Centers are combat veterans suffering from post-traumatic stress disorder and other problems related to their war service. In analyzing the reasons for which clients have visited Vet Centers seeking assistance, sixteen definite problems have been classified. Examples are Vocational; anxiety/fears; mental; education; alcohol/drugs; bad dreams/flash-backs; marital and Agent Orange.

Mr. Chairman, our service officers have consulted with individuals involved in virtually every area of participation relating to Operation Outreach. We believe a thorough review will establish the fact that the Vietnam Vets Center program is viable and is accomplishing the

the purpose for which it was legislatively established.

To effectively carry out its mission of direct assistance to combat veterans of the Vietnam War who have not successfully completed their readjustment, funding by the Congress is necessary.

We feel strongly that there should be provision of such funds as are necessary to effectively continue this program. Paragraph 1 of section 301 of S.26 would amend section 612-A of Title 38 by providing a two year extension of the Vet Center Program under Operation Outreach as established by Public Law 96-22.

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without discrimination for any particular group. However, we are opposed to elimination of any veterans benefit already granted and we heartily support extension of the Vietnam Vet Center program that has obviously proven helpful to so many deserving Vietnam veterans.

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